

Clinical Communications: Adults



KOUNIS SYNDROME CAUSED BY CHRONIC AUTOIMMUNE URTICARIA: A CASE REPORT

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Abstract—Background: Coincidental occurrence of acute coronary syndrome with symptoms associated with an allergic reaction is called Kounis syndrome (KS). Although KS has been recognized for several years and has been reported in many documents, KS induced by chronic autoimmune urticaria (CAU), to the authors' knowledge, has not been reported. **Case Report:** The patient was a 31-year-old woman who suffered from chronic urticaria for nearly 3 years. Her urticaria became more serious 1 week before this visit and was accompanied by repeated attacks of cardiac symptoms. Autologous serum skin test and serum anti-high affinity immunoglobulin E receptor antibody test were positive for CAU. Her coronary artery pathological changes were confirmed by electrocardiogram (ECG), cardiac troponin T (cTnT) value, and angiocardiography. The patient was diagnosed with KS. After being treated with cetirizine, glucocorticoids, and azathioprine, the patient did not relapse during the first year of follow-up. **Why Should an Emergency Physician Be Aware of This?:** When seeing a patient with intermittent exacerbations of chronic urticaria accompanied by repeated attacks of cardiac symptoms, emergency physicians should consider the diagnosis of KS. It is important to monitor changes in the ECG and cTnT value. Angiocardiography is necessary to eliminate myocardial infarction or unstable angina. Second-generation antihistamines and glucocorticoids are effective in the treatment of CAU and also alleviate coronary spasm. Another important consideration for the emergency physician is the fact that some first-generation antihistamines have the side effect of ventricular tachycardia or

fibrillation, so it is better not to use these drugs to treat urticaria if KS is suspected. © 2016 Elsevier Inc.

Keywords—Kounis syndrome; chronic autoimmune urticaria; electrocardiogram; angiocardiography; cardiac troponin T

INTRODUCTION

Kounis syndrome (KS) is the coincidental occurrence of acute coronary syndrome with an allergic reaction (1). But, in fact, chronic autoimmune urticaria (CAU) is an autoimmune disease that can also induce KS. Even though CAU technically is not an allergic reaction, the inflammatory mediators released are the same as those in an allergic reaction and there is a risk of KS developing. We present a case of KS associated with CAU.

CASE REPORT

The patient was a 31-year-old woman who had suffered from recurrent chronic urticaria for >3 years. She came to the emergency department (ED) when her urticaria became worse over the course of nearly a week. She felt heart palpitations, precordial pain, chest tightness, and excessive sweating. Previously, her heart symptoms

had tended to resolve about 2 h after the urticaria disappeared. She was admitted to the hospital. The history showed that she was diagnosed with chronic urticaria >3 years prior. She was not allergic to anything in her daily life. Further, she had no cardiovascular disease risk factors like hypertension, smoking, family history of heart disease, or diabetes.

Physical examination showed that erythema and wheals were widely distributed on the trunk and limbs. Blood pressure and heart rate were normal. A 12-lead electrocardiogram (ECG) revealed ST-segment elevation in leads V1–V5. Blood test revealed cardiac troponin T (cTnT) level was high (0.16 ng/mL). She was administered cetirizine 10 mg/d orally and methylprednisolone 40 mg i.v. Almost all of the urticaria disappeared 4 h later, and the heart palpitations, precordial pain, chest tightness, and excessive sweating symptoms went away almost simultaneously, and a repeat ECG showed that the ST-segment elevation returned to normal. A re-check of the blood cTnT showed that it also returned to normal (0.1 ng/mL) 3 days after the treatment. The patient was discharged. One week later she returned to the ED with diffuse urticaria on her trunk and limbs, and she com-

plained of the same symptoms as she had on the first visit. A dermatologist was consulted and suggested that the patient had developed chronic urticaria and her heart symptoms might be secondary to her skin problem. She was admitted to hospital again. An ECG showed ST-segment elevation and, on analysis of her history of ED visits, the ST-segment elevation was found to occur almost at the same time she was suffering from serious urticaria, but it returned to normal when her urticaria disappeared (Figure 1). At every onset of serious urticarial, the heart symptoms returned, her blood cTnT became slightly elevated (0.13–0.16 ng/mL) and returned to normal (0.08–0.1 ng/mL) within 3–4 days after her symptoms went away. Angiocardiology was performed at a time when her heart symptoms were occurring and later at a time when they were relieved; the results revealed a coronary artery spasm at the time of onset of her heart symptoms (Figure 2) that returned to normal when her symptoms were relieved (Figure 3). Further examinations associated with urticaria were performed; specific immunoglobulin E (IgE) examination showed the patient was not allergic to any common allergens, her autologous serum skin test and serum anti-high affinity IgE receptor

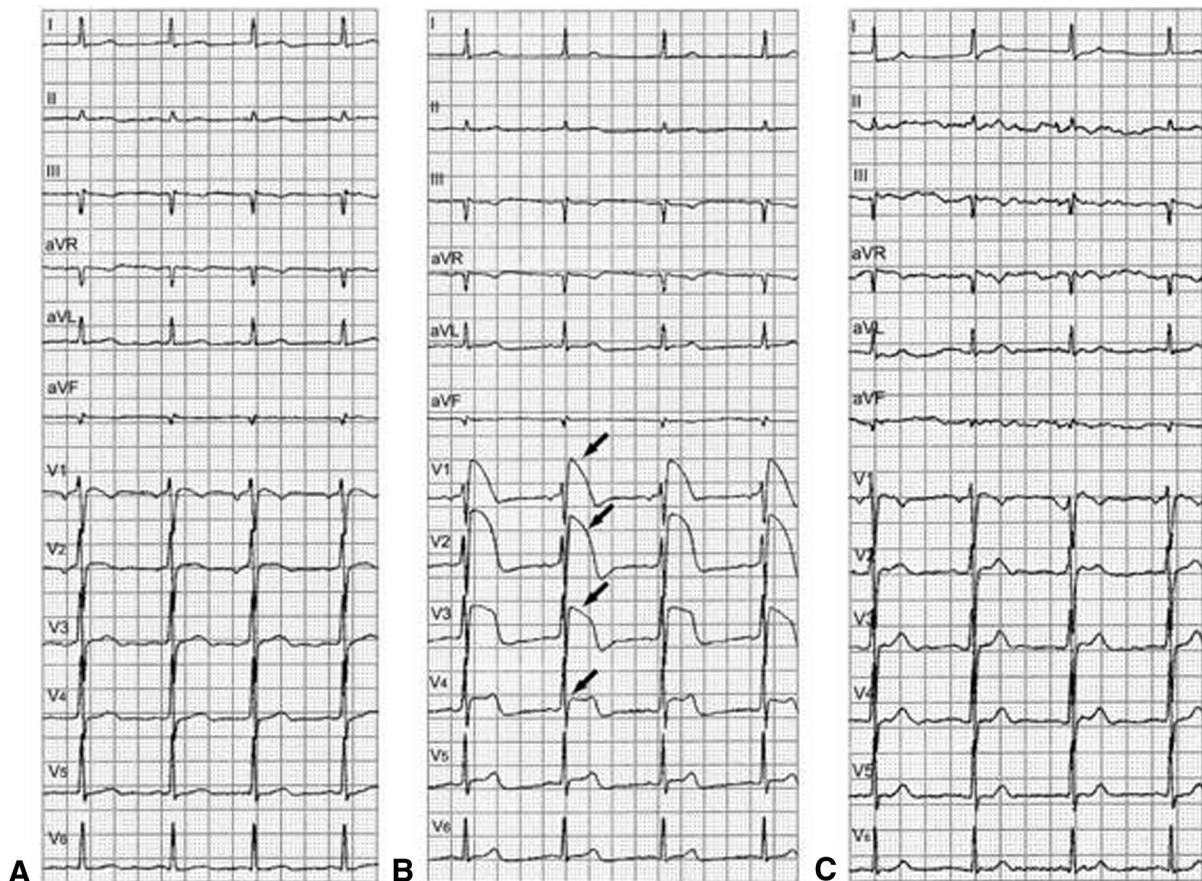


Figure 1. Electrocardiograms during an episode in which the patient was symptomatic (B) and one in which she was asymptomatic (A, C).

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