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Case Report

Kounis syndrome manifesting as left main coronary aneurysm with late coronary stent thrombosis

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ABSTRACT

Kounis syndrome (KS) is defined as the occurrence of an acute coronary syndrome (ACS) concomitantly with hypersensitivity reactions triggered by an allergenic event. Patients with Drug Eluting Stents (DES) implantation are prone to hypersensitivity reactions from five potential antigens namely metal stent, polymer coating, eluted drug and antiplatelets (aspirin, clopidogrel). Coronary aneurysms are seen in 1.25–3.9% of patients after stent implantation and have been detected as early as three days after drug-eluting, and as late as nine years after bare metal stent implantation and are usually associated with dangerous stent thrombosis. Here we report a case of 25 year old female presented with KS manifesting as Intra-stent left main coronary aneurysm with late stent thrombosis.
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1. Introduction

Cardiovascular allergic and anaphylactic reactions to various allergens have been well established for many years. However, it was not until 1991 when Kounis and Zavras described the "allergic angina syndrome" as coronary spasm progressed to allergic acute MI [1].

Kounis syndrome (KS) is defined as the concurrence of acute coronary syndromes such as coronary spasm, acute myocardial infarction, and stent thrombosis, with conditions associated with mast-cell and platelet activation involving interrelated and interacting inflammatory cells in the setting of allergic or hypersensitivity and anaphylactic or anaphylactoid insults[2].

Various causes which can trigger KS include drugs (Antibiotics, Antiviral, Antifungal, NSAIDs, Anti-cancer drugs, Aspirin, Clopidogrel, Oral contraceptive pills), Insects bites, sea foods and Others like Intravenous contrast material and latex.

Patients with Drug Eluting Stents (DES) implantation are prone to hypersensitivity reactions from five potential antigens namely, metal stent, polymer coating, eluted drug and antiplatelets (aspirin, clopidogrel). Coronary aneurysms are seen in 1.25–3.9% of patients after stent implantation[3] and have been detected as early as three days after drug-eluting, and as late as nine years after bare metal stent implantation, and are usually associated with dangerous stent thrombosis[4].

Here we report a case of 25 year old female presented with kounis syndrome manifesting as intra-stent left main coronary aneurysm with late stent thrombosis.

2. Case report

A 25 year old female presented with history of episodic chest pain with dyspnoea since one day. No previous history of similar complaints, no family history of coronary artery disease.

2.1. On examination

BP -100/70 mmHg, PR 100/min. cardiovascular examination – normal heart sounds, no murmur, respiratory examination – fine basal crepatations, Per-abdominal and neurological examination – unremarkable. All peripheral arterial pulsations were well felt.

Her electrocardiogram showed sinus tachycardia with diffuse

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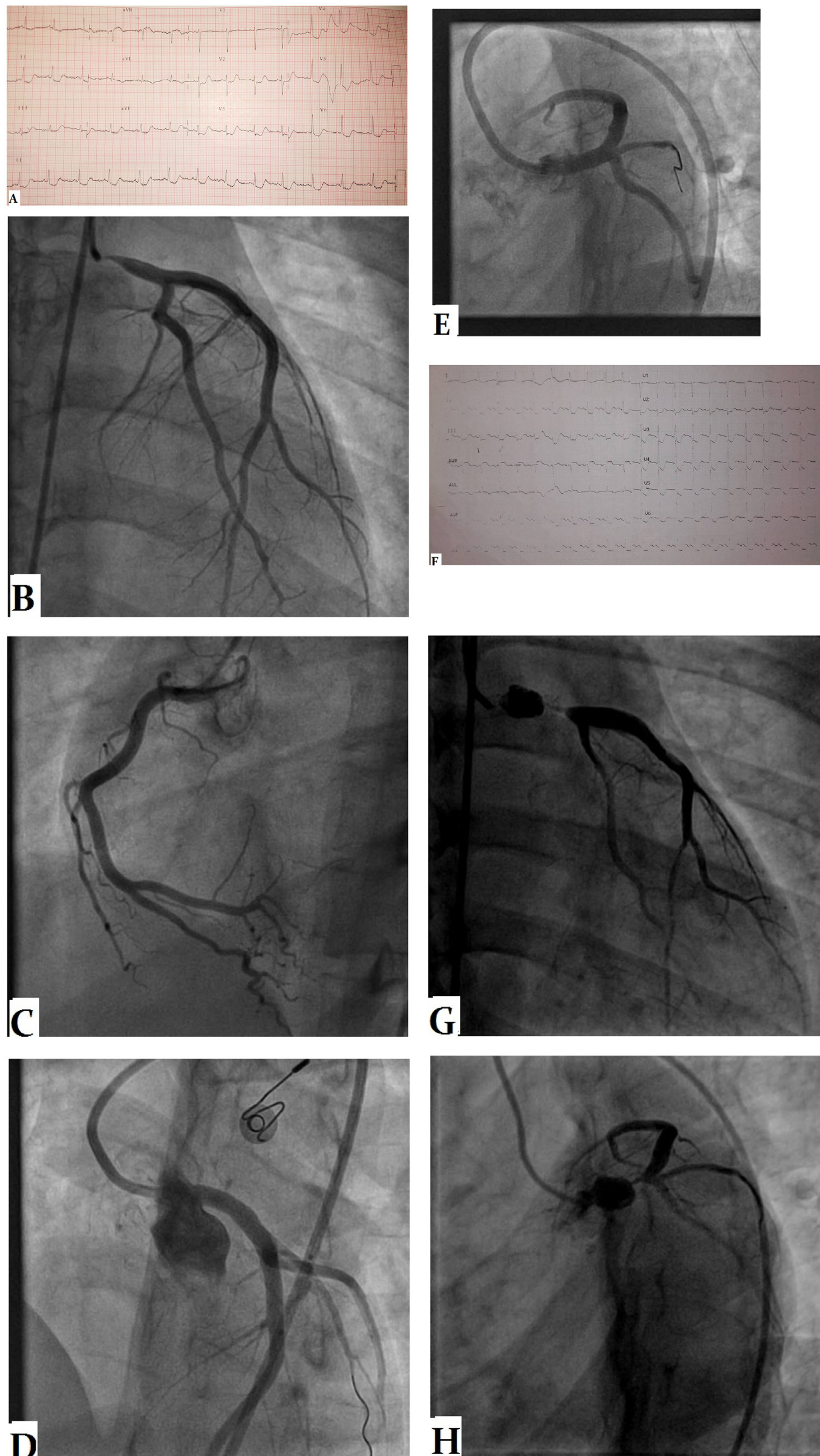

Figure 1. Electrocardiogram at presentation showing sinus tachycardia with diffuse ST depressions with aVR ST elevation (A), Coronary angiography shows ostial left main 99% lesion (B) with normal right coronary artery (C), Successful PTCA with stenting to ostial left main (4.0 × 15 mm Resolute integrity stent) (D & E), Electrocardiogram after 4 months of PTCA showing sinus tachycardia with reappearance of diffuse ST depressions with aVR ST elevation (F), Repeat coronary angiography showed ostial left main intra-stent coronary aneurysm with distal left main 99% stent thrombosis (G & H).

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