Myocardial scintigraphic evidence of Kounis syndrome: what is the aetiology of acute coronary syndrome?

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A 66-year-old man underwent a dental procedure after receiving infiltration anaesthesia for alveolar ridge. After a few minutes, he developed nausea with cold sweat and was taken to the emergency room of our hospital. His electrocardiography showed ST-elevation in leads II, III, aVF, and V6. (Panel A). Emergent coronary angiography revealed that his left coronary artery and right coronary artery (RCA) had no significant stenosis and occlusion (Panels B and C). Four days into the course of his admission, we conducted resting thallium-201 (Tl) single-photon emission CT (SPECT) and 123I-15-(R,S)-methylpentadecanoic acid (BMIPP) SPECT (Panel D). In the inferior wall, TI SPECT showed a perfusion defect and BMIPP SPECT showed decreased areas of BMIPP uptake. These areas were larger than those viewed using thallium-201. These results indicated severe ischaemia in the region of the RCA without significant coronary stenosis. These results led to the conclusion that vasospastic angina (VSA) occurred. We diagnosed the VSA as Kounis syndrome, presumably caused due to medicine delivered during the dental work.

Kounis syndrome is the emergence of acute coronary syndrome with allergic reactions, and is classified into two groups. We observed Kounis syndrome type I, which involved the apparent VSA symptoms. There are some reports using coronary angiography to evaluate Kounis syndrome. However, as far as we know, there are no reports assessing Kounis syndrome with myocardial scintigraphy. This case is Kounis syndrome type I, which involved the apparent VSA symptoms. There are some reports using coronary angiography to evaluate Kounis syndrome, presumably caused due to medicine delivered during the dental work. Kounis syndrome is the emergence of acute coronary syndrome with allergic reactions, and is classified into two groups. We observed Kounis syndrome type I, which involved the apparent VSA symptoms. There are some reports using coronary angiography to evaluate Kounis syndrome. However, as far as we know, there are no reports assessing Kounis syndrome with myocardial scintigraphy. This case is Kounis syndrome type I, which involved the apparent VSA symptoms. There are some reports using coronary angiography to evaluate Kounis syndrome, presumably caused due to medicine delivered during the dental work.


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