

ECG FOR DISCUSSION

III Medicine Unit
Chief

Prof Dr.M.Natarajan MD

Asst Professors

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MD

Dr ValliDevi MD

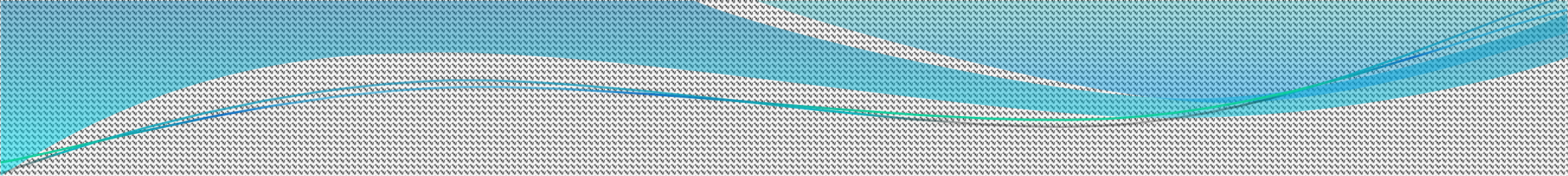
Dr. shanmuganadhan MD

Presentor

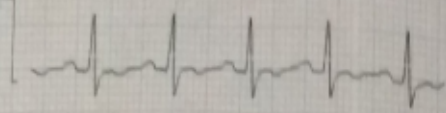
Dr.P.muthukrishnan

History

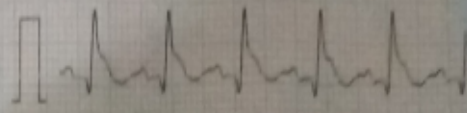
- 34 years old female known case of Carcinoma posterior 1/3 of tongue diagnosed September 2017
- on chemo -radiation (5 flurouracil, and cytarabine and 33 cycles of radiotherapy to primary tumor site and neck)
- now she presented with complaints of hemoptysis 2 episodes 10-15 ml per episode
- No other symptoms

- 
- Vitals :
 - PR 98/mint
 - BP 110/90 mm hg
 - Examination
 - CVS: s1 s2 + no murmur
 - RS : NVBS+ occasional wheeze +
 - Per abdomen : soft, no organomegaly
 - CNS : no FND

10mm/mv 25mm/sec 32Hz



10mm/mv 25mm/sec 32Hz



Pat. ID

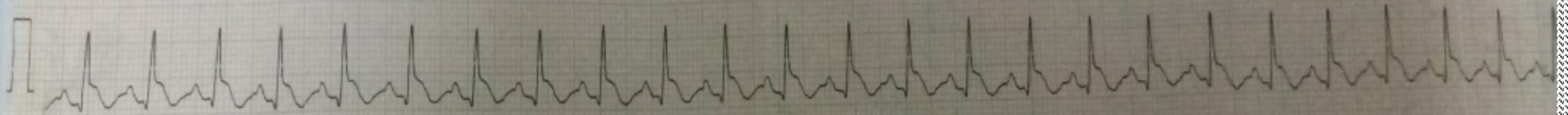
Diana Leticia

Pat. ID

BPL CARDIART 6108T

CARDIART

II



shms 32/A ECG with Rhythmic Sinus

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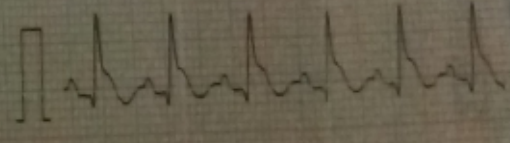
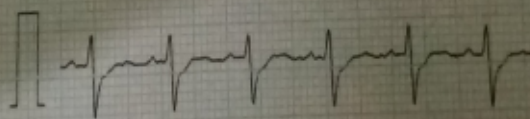
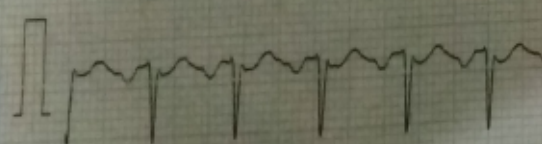
10mm/mv 25mm/sec 32Hz

BPL CARDIART 6108T

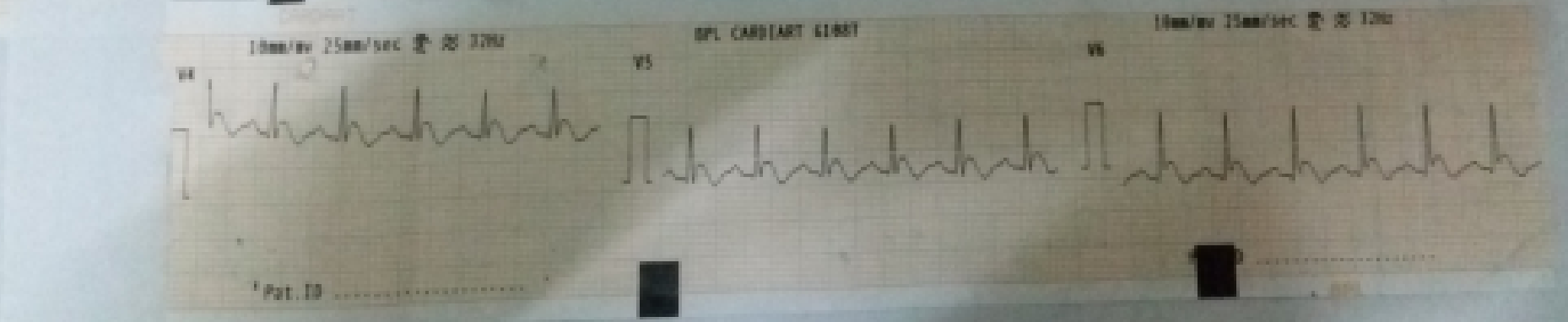
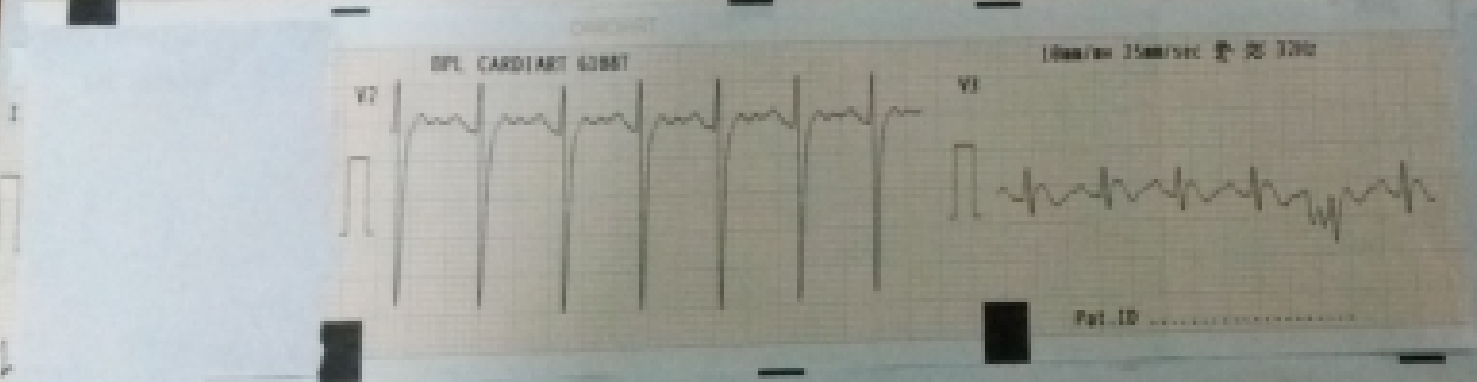
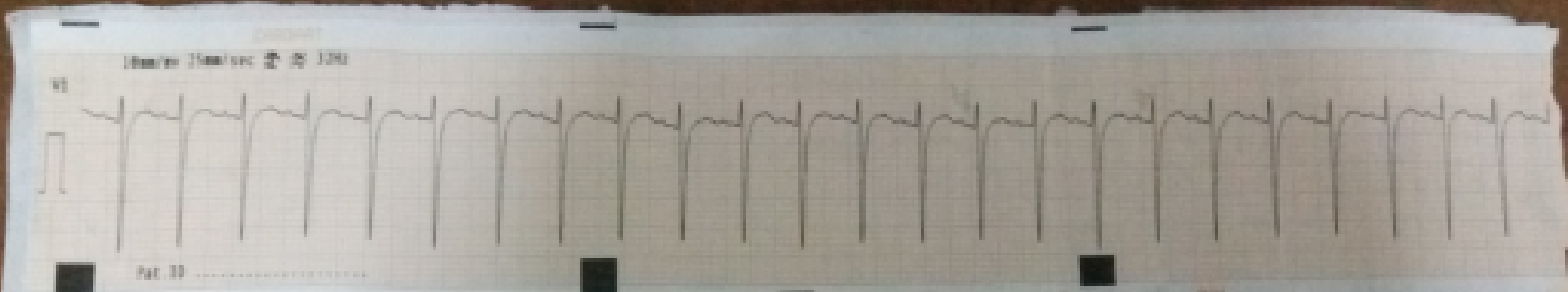
aVR

aVL

aVF

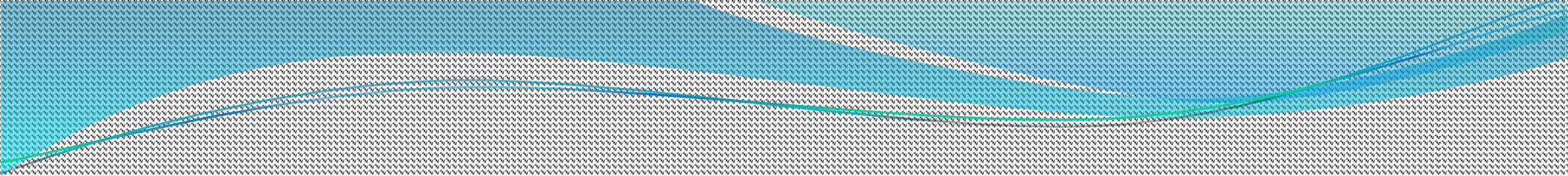


Pat. ID



Discussion

- Echo : no RWMA,
- pericardial thickening 3.2mm
- EF :62%

- 
- HR: 130 /min
 - Axis: normal axis, normal sinus rhythm
 - PR: 200 milli sec
 - QT: 240 milli sec QTc 360 milli sec
 - ST elevation with T wave inversion in lead II, III, aVF, V6, U wave seen in V2, biphasic T wave inversion in lead V3 V4 and V5

5 FU - cardiology

- Coronary vasospasm
- Coronary thrombosis
- Cardiomyopathy
- SVT,VT
- Acute MI
- Sudden death



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A CASE OF 5-FLUOROURACIL-INDUCED CORONARY ARTERY VASOSPASM IN RECTAL ADENOCARCINOMA

Cherisse Baldeo, Candice Baldeo, Kabir Mody, Karan Seegobin and Fabiana Rollini

[⊕ Author + information](#)

Background

5-fluorouracil (5-FU) is a key chemotherapeutic agent in the treatment of many gastrointestinal tract adenocarcinomas. It is used as frontline chemotherapy in rectal adenocarcinoma. 5-FU can cause cardiac toxicities, including coronary vasospasm, coronary thrombosis, cardiomyopathy, and sudden cardiac



Coronary Vasospasm Secondary to 5-Fluorouracil and Its Management: Case Report

[Mustafa Yildirim](#),¹ [Cem Parlak](#),² [Cem Sezer](#),³ [Ramazan Eryilmaz](#),⁴ [Cetin Kaya](#),¹ and [Mustafa Yildiz](#)¹

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Abstract

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Although rare, 5-fluorouracil (5-FU) may lead to cardiotoxicity that presents with angina, elevated cardiac enzymes and electrocardiogram (ECG) changes. Coronary vasospasm related to 5-FU is a rare clinical entity in oncological practice and may be seen during both bolus and protracted infusional administration. This toxicity is generally reversible and responds well to conventional anti-angina treatment following discontinuation of infusion. We propose that parenteral diltiazem is an effective and safe approach for the treatment of coronary vasospasm secondary to 5-FU infusion. We present clinical findings and management of a case in which coronary vasospasm occurred during the infusion of the 5-FU component of FOLFIRI-bevacizumab chemotherapy (CT) regimen given for treatment of metastatic rectal cancer.

Keywords: 5-fluorouracil, Coronary vasospasm, Diltiazem

[Introduction](#)

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Aim of presentation

- To know the various cardiac side effects of 5 FU