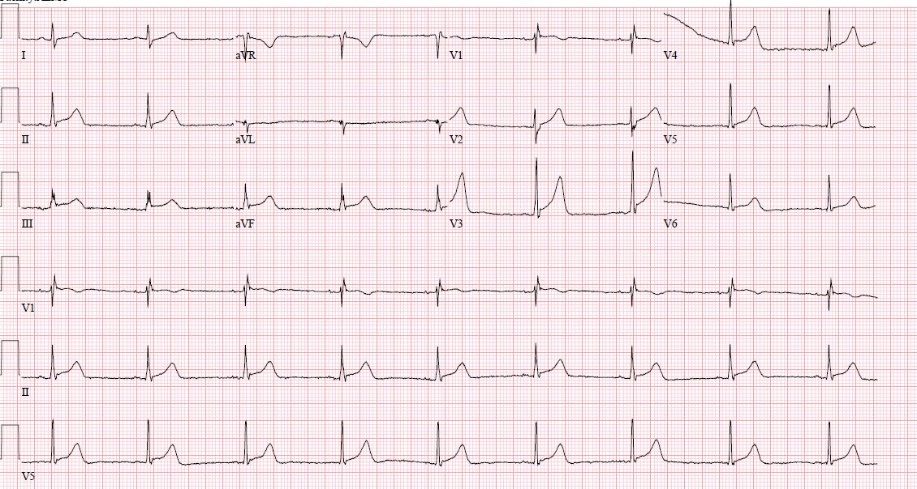
**ACUTE PANCREATITIS MIMICKING ST-SEGMENT ELEVATION MYOCARDIAL INFARCTION IN A PATIENT WITH SYNCOPE**

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**Introduction**: Transient electrocardiographic changes imitating myocardial ischemia have been occasionally reported in patients with intra-abdominal pathology including acute pancreatitis. We present a case of syncope with inferior ST-segment elevation on electrocardiogram (ECG) who was diagnosed to have acute pancreatitis.

**Case Report**: A 60-year-old man with no past medical history presented to the emergency department (ED) after a syncopal episode. In ED, his vitals were stable. His ECG showed sinus bradycardia at 53 beats per minute, peaked T waves, 1 mm ST segment elevation in lead II, III, aVF, and 2 mm ST- elevation in V3 (Figure 1). With the concern for STEMI, he was taken for left heart catheterization (LHC) emergently, showing non-obstructive coronary artery disease (CAD). His laboratory workup was remarkable for lipase of 25,304 IU/L (normal level 8-78 IU/L). His liver function test and triglyceride level were normal. Troponin was < 0.01 ng/ml. A computed tomographic exam of the abdomen revealed acute interstitial pancreatitis with a small discrete fluid collection in the uncinated process. He was treated with aggressive intravenous fluid resuscitation and was discharged on Day 3. Discussion: Intra-abdominal pathologies like acute pancreatitis can lead to transient ECG changes mimicking STEMI. It is important to use ECG clues, echocardiographic findings, and clinical judgement to avoid cardiac catheterization, contrast exposure and associated health care costs.

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