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BOOK OF ABSTRACTS

M5). No pathology has been observed in brain tomography. No pathology has been observed in aortic structures in contrast tomography but a pericardial mai collection has been detected. Pathologic structures with metastatic features have been observed at 8 different positions in the liver and in left kidney. 36 mm and 25 mm mai collections have been observed in right atrium and right ventricle respectively. Approximately 50 cc hemorrhagic mai have been pulled by pericardiosynthesis. The cardiac tamponade is suspected to be due to an unknown malignity. As a result, early intervention in patients with cardiac tamponade is lifesaving cardiac and the following examinations will be important for the determination of the etiology.

P061 Cardiovascular

ASPIRIN RESISTANCE IN PATIENTS PRESENTING TO THE EMERGENCY DEPARTMENT

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Key-words: aspirin resistance ; renal failure ; Emergency department

Introduction: The effect of aspirin is not the same for all patients and some patients have a resistance to aspirin. There are a few emergency department (ED) studies have prospectively determined the rate of aspirin resistance in patients presenting to the ED and the most of them about special patients group. We also aimed to evaluate the relation between clinical and laboratory parameters with aspirin resistance in patients presenting to the ED

Methods: Using the bed-side point-of-care VerifyNow Aspirin assay (Accumetrics, San Diego, Calif), we sought to determine the rate of aspirin resistance in patients presenting to the ED with any complaint.

Results: A total of 97 patients were included in this study. Aspirin resistance was found in 29 (29.9%). There were not any significant differences in age, sex, drug usage, platelet count, ECG changes, heart rate, systolic, or diastolic blood pressure measures between the aspirin-resistant and aspirin-sensitive presenting to ED patients. In addition, patients' aspirin sensitivity and aspirin resistance did not differ significantly with regard to clinic results and diagnoses in the ED. However, patients with renal failure had significantly more aspirin resistance than other patients ($p=0.007$). Besides, the relationship between aspirin intake < 30 time, pulse pressure and aspirin resistance were found out significant.

Conclusion: To the best of our knowledge, this second current report of aspirin resistance in patients presenting to the ED finds that it is present in 29.9% of patients. In aspirin resistance, renal failure, pulse pressure and aspirin intake time were determined as important factors.

P062 Cardiovascular

BENZATHINE PENICILLIN G INJECTION ASSOCIATED KOUNIS SYNDROME: A CASE REPORT

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Key-words: Benzathine Penicillin ; Kounis Syndrome ; injection

Abstract: Kounis syndrome (KS) is a potentially life-threatening medical emergency with both severe allergic reaction and acute coronary syndrome (ACS). In this case report, we presented 42 year-old male patient presenting cryptic tonsillitis admitted to our hospital accompanied by angioneurotic edema, chest pain and electrocardiographic variations.

Case Report: A 42 year-old male patient applied to our emergency hospital for injection following his treatment for cryptic tonsillitis diagnosed by a clinician in another clinic he previously applied. The injection procedure has been performed after controlling his sensitivity to a preparate including benzathin penicilin G. Within few minutes following this injection, the patient developed respiratory distress, facial cyanosis, fatigue, vertigo and balance disorder. In oral examination, and uvula edema has been observed. Chest pain and tightness sensations developed simultaneously in the patient. In the ECG, an ST increase in DII, DIII, AVF derivations and ST underpressure and T negativity in DI, AVL derivations have been observed. the Ejection Fraction was 60%. No pathology has been detected in relation with the coronary structures in the coronary angiography. A Kounis Syndrome with coronary vasospasm triggered by allergic reaction-linked histamin discharge has been supposed. The anti allergic treatment has been pursued for 3 days.

As a result; there is a risk to develop KS against many drugs used daily. Remembering KS will help prevent the omission of heart involvemet and the delay of right treatment.

P063 Cardiovascular

MANAGEMENT OF ST SEGMENT ELEVATION MYOCARDIAL INFARCTION IN PREHOSPITAL STAGE

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Key-words: STEMI ; prehospital EMC ; fibrinolysis

Introduction. Cardiovascular diseases currently are the leading cause of death in industrialized countries and have been the cause of deaths in 54% of cases in Latvia during the recent years. The prehospital emergency medical care (EMS) has an essential role in the management of ST elevation myocardial infarction (STEMI). According to Franco-German model of emergency care illness is diagnosed and treatment starts I already at this stage. Establishment of unified State Emergency Medical Service of Latvia (SEMS) in 2009 was the general precondition to promote implementation of management algorithm for patients with acute coronary syndrome (ACS) according to the ACS guidelines adapted by Latvian Society of Cardiology. Before 2010 fibrinolysis was not performed in prehospital stage.