Acute anterior myocardial infarction due to stent thrombosis after bee stings

Sedat Koroglu1, Ekrem Aksu2, Deniz Avci3, Aysegul Binboga Colbeyi1

1Afşin State Hospital, Turkey
2Necip Fazil City Hospital, Kahramanmaras, Turkey
3Kayseri Education and Research Hospital, Turkey

A 60-year-old man was admitted to the emergency department with chest pain and pruritus. He was diabetic and two months previously his left anterior descending artery had been stented. He was exposed to multiple bee stings 4 h prior to presentation. On physical examination, vital signs were stable. A 12-lead electrocardiogram showed anterior ST-segment elevation. With the aim of primary percutaneous coronary intervention, he was transferred to the catheterisation laboratory. Selective coronary angiography demonstrated that the left anterior descending artery stent was totally occluded with thrombus (Fig. 1A). Non-critical lesions were visualised in other coronary arteries. The lesion was passed with wire easily and appropriate distal flow was achieved after balloon inflation (Fig. 1B). Follow-up period in the coronary care unit was uneventful, and he was discharged without any complication. A diagnosis of Kounis syndrome (KS) secondary to bee sting was made. In contrast to current literature, this is the first stent thrombosis case described after hymenoptera envenomation. KS is defined as a group of acute coronary syndromes that manifests as unstable vasospastic or nonvaso-

Figure 1. Lateral view of left coronary system; A. Black arrow shows thrombus in left anterior descending artery (LAD) stent; Cx — circumflex artery; B. Lateral view after balloon inflation; TIMI-3 coronary flow was achieved

Address for correspondence:
Sedat Koroglu, MD, Afşin State Hospital, Turkey. e-mail: m.sedatkoroglu@gmail.com

Conflict of interest: none declared