

中文題目：Glibenclamide 在糖尿病人上延遲心肌梗塞心電圖 ST 段上升 病例報告

英文題目：Glibenclamide delay electrocardiographic ST-segment elevation in a diabetic patient with acute myocardial infarction

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Abstract

Acute myocardial infarction (AMI) is the most frequent cause of death in the worldwide. The timely diagnosis of AMI, especially ST-segment elevation myocardial infarction, is key to successful management. A 12-lead electrocardiography (ECG) should be obtained and interpreted as soon as possible. The 12 lead ECG diagnosis may be more difficult in patients without diagnostic ST-segment elevation but with persistent typical ischemic symptoms. Here, we presented a Diabetic patient with AMI who's ST-segment elevation was masked by glibenclamide initially and delayed ECG change after glibenclamide eliminated.

Conclusion

Although sulfonylureas may attenuate ST-segment elevation in diabetic patients with AMI, delayed ECG change may appear after sulfonylureas pharmacodynamically eliminated. Complete history taking and review of personal medication are important clues among a diabetic patient in deciding clinical management.