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Sgarbossa criteria in left bundle branch block in a hypertensive emergency-A case report

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Rationale: Left bundle branch block and hypertensive emergency are very common conditions in clinical cardiovascular and emergency practice. Hypertensive emergency encompasses a spectrum of clinical presentations in which uncontrolled blood pressure leads to progressive end-organ dysfunction. Suspected acute myocardial infarction in the setting of a left bundle branch block presents a unique diagnostic and therapeutic challenge to the clinician. The diagnosis is especially difficult due to electrocardiographic changes caused by altered ventricular depolarization. However, reports on the use of Sgarbossa's criteria in the management of hypertensive emergencies are rare. Patient concerns: A middle-aged married heavy-smoker Egyptian male worker presented to the emergency department with a hypertensive emergency patient with acute chest pain and left bundle branch block. Sgarbossa's criteria were initially very weak and, over time, became highly suggestive of acute ST-segment elevation myocardial infarction. Interestingly, chest pain increased as Sgarbossa's diagnostic criteria were met. Thrombolytic therapy was strongly indicated because of a higher development of Sgarbossa criteria scoring. Intervention: Electrocardiography, oxygenation, streptokinase IVI, and echocardiography Diagnosis: Developing acute ST-segment elevation myocardial infarction in the presence of left bundle branch block post hypertensive emergency. Outcomes: The dramatic response to developing acute myocardial infarction in the left bundle branch block with hypertensive emergency to streptokinase. Lessons: The higher Sgarbossa criteria scoring in the case was the only indication for thrombolytic. Therefore, how did Sgarbossa's criteria develop during case management to indicate the need for thrombolytic therapy?

Recent publications:

1. Wavy Triple An Electrocardiographic Sign (Yasser Sign) in Hypocalcaemia-A Novel Diagnostic Sign; Retrospective Observational Study.
2. Graded Phenomenon (Yasser's Phenomenon); A Novel Electrocardiographic Phenomenon Change the Arrhythmia Directory; Retrospective-Observational Study.
3. Connected Aircraft Squadron Electrocardiographic Sign (Yasser sign); an Index for Tachypnea in Specific T-wave Abnormalities- A New Diagnostic, Therapeutic, and Prognostic Sign; Retrospective-Observational Study-Research article.
4. Electrocardiographic Passing Phenomenon (Flying Phenomenon or Yasser's Phenomenon) Conveys the Traditional Cardiovascular Management; Interpretations and Reassurance; Retrospective Observational Study.
5. Movable-weaning off an electrocardiographic phenomenon in hypocalcemia (changeable phenomenon or Yasser's phenomenon of hypocalcemia)-retrospective-observational study.

Biography

Yasser Mohammed Hassanain Elsayed is a scientist, critical care physician, cardiologist, and independent researcher (Egyptian Ministry of Health). He obtained MBBch (Al-Azher University) and a PGDip Cardiology (Middlesex University). The researcher has (122) articles and (4) medical books. He has (10) innovative issues; (3) innovative "Medical Signs", (4) "Phenomena", (1) "Modification", (1) "Maneuver", and "Method" (1). He has peer-reviewed (189). He was a Speaker at (19) International Conferences. COVID-19 publicized articles; (37). He is an instructor; (7) official lectures and (73) non-official one. He is an editorial member (187 medical journals). International Conferences OCM; (7). He was honored for research by several institutes. Prizes nomination; Breakthrough Prize and Einstein Prize. Excellence certificate (93). Research Interest: Critical Care, Emergency, Cardiology, Internal Medicine, Pharmacology, and Toxicology.

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