

Summery

Case of a 44 years old patient presenting with anaphylactic shock following ingestion of fish curry. On admission patient complained of chest tightness and pain apart from shortness of breath, dizziness and urticarial rash. ECG's showed acute ST and T wave changes along with a positive troponin I. Following initial stabilization serial ECG were done and troponin I titter levels were monitored. Complete reversibility was demonstrated in the initial ECG changes, with a descending trend in troponin I titter values along with absence of symptoms post 24 hours following the initial reaction. A presumptive diagnosis of Kuoni's syndrome was made followed by close monitoring and conservative management. Presence of normal unobstructed coronary arteries in a coronary angiogram performed later confirmed the diagnosis. Patient was discharged following observation for 5 days in ward with no further episodes of chest pain or worsening shortness of breath.