






## Zastoj srca nakon konzumiranja marihuane: prikaz slučaja Cardiac arrest following cannabis use: a case report

 **Zrinka Jurišić\***,  
 **Josip Kedžo**,  
 **Ivan Pletikosić**,  
 **Marina Jurić Paić**,  
 **Toni Brešković**

Klinički bolnički centar Split,  
Split, Hrvatska

University Hospital Centre  
Split, Split, Croatia

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**\*ADDRESS FOR CORRESPONDENCE:** Zrinka Jurišić, Klinički bolnički centar Split, Spinčićeva 1, HR-21000 Zagreb, Croatia. / Phone: +385-91-5262-844 / E-mail: [zrinkacn@gmail.com](mailto:zrinkacn@gmail.com)

**ORCID:** Zrinka Jurišić, <http://orcid.org/0000-0001-7583-9036> • Josip Kedžo, <http://orcid.org/0000-0003-3845-7199>  
Toni Brešković, <http://orcid.org/0000-0001-7266-2087> • Marina Jurić Paić, <http://orcid.org/0000-0003-4117-0105>  
Ivan Pletikosić, <http://orcid.org/0000-0001-5925-090X>

**Uvod:** Marihuana je najraširenija ilegalna droga širom svijeta. Unatoč uvriježenom percipiranju ove droge kao sigurne, rastući je broj opisanih kardiovaskularnih neželjenih događaja s jasnom vremenskom poveznicom u odnosu na konzumiranje marihuane<sup>1</sup>.

**Prikaz slučaja:** 38-godišnji Afrikanac sa stalnim boravkom u Splitu doveden je u hitnu službu nakon što je doživio osvjedočeni srčani zastoj. Te večeri, petnaestak minuta nakon što je uživao marihuanu, potužio se na jako žarenje u grlu i srušio. Supruga je započela postupak oživljavanja. Pri dolasku ekipe hitne medicinske pomoći, nakon 4 minute od poziva, u elektrokardiogramu je zabilježena ventrikulska fibrilacija koja je uspješno kardiovertirana isporukom 2 DC šoka (200 J). U elektrokardiogramu se potom bilježila fibrilacija atrijsa s brzim odgovorom ventrikula i elevacijom ST spojnice u inferolateralnim odvodima. Po dolasku u bolnicu bio je hemodinamski stabilan. Procijenjena vrijednost *Glasgow Coma Scale* je bila 6/15 te je bolesnik intubiran i narednih 24 sata strojno ventiliran. Daljnjim elektrokardiografskim monitoranjem bilježen je sinus ritam bez znakova ishemije. Nalaz koronarografije je opisan urednim, osim rubnih promjena desne koronarne arterije. Ehokardiografski je isključena strukturna bolest srca. Nalazi ostalih slikovnih metoda (MSCT aortografija, MSCT abdomena i mozga) su bili uredni. Testiranjem urina na prisutnost droga bio je pozitivan na kanabinoide, a negativan na kokain, opijate, amfetamin i metadon. Petog dana hospitalizacije bolesnik je svojevoljno napustio bolničko liječenje bez neuroloških ili kardiovaskularnih posljedica.

**Zaključak:** Srčani zastoj je rijetka, ali jedna od mogućih i potencijalno fatalnih posljedica uživanja marihuane kojih moramo biti svjesni s obzirom na rastući trend konzumiranja i moguću legalizaciju marihuane.

**Introduction:** Marijuana is the most commonly used illegal drug worldwide. Despite the overwhelming public perception of the safety of this substance, an increasing number of serious cardiovascular adverse events have been reported in temporal relation to recreational cannabis usage<sup>1</sup>.

**Case report:** 38-year-old African with permanent residence in Split was brought to emergency room (ER) after he was witnessed to having cardiac arrest. That same evening, 15 minutes after he had consumed cannabis, the patient complained about a burning pain in the throat and collapsed. His spouse started the cardiopulmonary resuscitation. Four minutes later, when the ER medics arrived, ventricular fibrillation was recorded which cardioverted with 2DC shocks (200 J). Subsequently, atrial fibrillation was recorded with ST elevation in inferolateral leads. Upon arrival at the hospital, his vital signs were stable. The Glasgow Coma Scale was 6/15; hence he was intubated and ventilated the following 24 hours. Further ECG monitoring showed sinus rhythm without signs of ischemia. The results of coronarography were normal except non-significant changes of the right coronary artery. With echocardiography, we excluded structural cardiac disease. The results of other imaging methods (MSCT aortography, MSCT of abdomen and brain) were normal. The urine screening showed to be positive for cannabinoids, negative for cocaine, opium, amphetamine and methadone. After his fifth day of hospitalization, the patient left hospital treatment willingly with no neurological and cardiovascular sequelae.

**Conclusion:** Cardiac arrest is rare but is one of the possible and potential fatal consequences of cannabis usage. The awareness of this is important taking into account the increasing trend of consumption and possible legalization of this drug.

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### LITERATURE

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