



PD010

Paediatric Cardiology & Congenital Heart Disease • Poster Presentation

WHEN A DISPENSING ERROR TRIGGERS VENTRICULAR TACHYCARDIA: FLECAINIDE EXPOSURE IN AN ADOLESCENT WITH ADDISON'S DISEASE

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Background: Primary adrenal insufficiency predisposes patients to electrolyte disturbances and cardiovascular instability during physiological stress. Flecainide, a class Ic antiarrhythmic with a narrow therapeutic index, may precipitate life-threatening ventricular arrhythmias, particularly in the presence of electrolyte imbalance. We report a case of ventricular tachycardia following inadvertent flecainide ingestion due to a dispensing error in an adolescent with Addison's disease.

Methodology: A descriptive case report of a 17-year-old male presenting with collapse and shock. Clinical, biochemical, electrocardiographic, medication, management, and follow-up data were obtained from emergency, intensive care, cardiology, and endocrinology records.

Result: The patient presented with hypotension, hyponatraemia, hyperkalaemia, and ventricular tachycardia after ten days of mistakenly receiving flecainide instead of fludrocortisone. Management included intravenous fluids, stress-dose hydrocortisone, recommencement of fludrocortisone, cessation of flecainide, and sodium bicarbonate therapy. Electrolytes normalised, sinus rhythm was restored, and subsequent Holter monitoring, exercise ECG, and ajmaline testing showed no underlying arrhythmogenic substrate. The patient made a complete cardiac recovery.

Conclusion: This case highlights the potentially fatal interaction between medication error, electrolyte disturbance, and endocrine disease. It emphasises the importance of meticulous medication reconciliation and vigilance when prescribing or dispensing high-risk medications in patients with chronic endocrine disorders.

Keywords: Ventricular tachycardia, Flecainide, Addison's disease, Medication error, Drug-induced arrhythmia