



## **TITLE: Coronary artery disease presenting as intractable hiccups: an unclear mechanism**

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### **ABSTRACT**

In the present case study we examine a 66 year old gentleman who presented for a cardiovascular evaluation secondary to chest discomfort, right knee pain, and intractable hiccups. The patient also had pre-existing conditions such as type 2 diabetes and a family history of coronary artery disease. He was referred for an upper gastrointestinal (GI) endoscopy due to his persistent hiccups and later underwent a coronary calcium score study which revealed he was at high risk for future cardiovascular events. Given the noninvasive cardiovascular workup was inconclusive a cardiac catheterization four months after the initial consultation was performed to confirm the patient's suspected diagnosis of occlusive coronary artery disease which revealed that several of the patient's arteries were severely calcified. The patient then successfully underwent a re-vascularization with a drug eluting stent positioned in the mid-segment of the left anterior descending artery (LAD). Our aim was to explore the current body of published literature for similar cases that linked abnormalities of the LAD to intractable hiccups. The proximate mechanism

resulting in hiccups had not been found. The cardiac catheterization of the LAD did in fact cause the hiccups to subside in the patient. In conclusion of our literary review we cautioned cardiologists to have a high index of suspicion when treating patients who have cardiac risk factors and present with hiccups.

### **BIOGRAPHY**

Dr. Sarabjeet Singh completed his interventional cardiology training at Cedars Sinai/UCLA Los Angeles, California and is a cardiology specialist in Bakersfield, CA. He serves as the CME Director at the Bakersfield Heart Hospital. Dr. Singh is also an associate professor at Touro University and has published 45 peer reviewed publications.

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