are likely to require respiratory support in the neonatal period. Despite the complex nature of their congenital heart disease, their surgical outcomes are good in our cohort of babies. The following information can be used when counseling parents antenatally and managing their expectations.

**Introduce**

Chest pain is a common paediatric presentation and can cause anxiety in patients, parents and healthcare professionals. Media coverage can heighten anxiety, but underlying cardiac pathology is rare in children. It is important to rule out serious underlying pathology and reassure appropriately.

**Case History**

A 16 year old boy with Type 1 Diabetes Mellitus was referred by his diabetes nurse non-specifically unwell with hyperglycaemia and pallor. He had a two day history of anxiety associated with improving dyspnoea and chest pain, and was taking his GCSEs. He was fully immunised but had been given a recent telephone diagnosis of measles, and is needle phobic.

On presentation, he was tachycardic with otherwise normal observations, and felt to be anxious. He became febrile and tachypnoeic with capillary blood gases showed a worsening non-ketotic metabolic acidosis, and a CRP of 80. He eventually agreed to a cannula under midazolam sedation 10 hours post attendance.

He developed worsening central chest pain and dyspnoea which prevented him lying flat. An ECG and CXR were requested, however there was no ECG machine on the ward. Furthermore, nursing staff are not trained to record ECGs. On examination, he was pale, sweaty with a soft systolic murmur. His venous bloods showed a haemoglobin of 70, MCV 49 and platelets of 673.

The ECG showed inferior ST elevation and inferolateral T wave inversion. A troponin was 1595 and an echocardiogram showed an akinetic inferior wall, dilated right heart, bright echogenicity with a QT interval of 400 ms. He had subse-

**Discussion**

Drug induced short QT interval is a rare phenomenon and have been mainly seen with use of some anti-epileptics, digitals & promethazine. Although there have been case reports of QT prolongation with use of levetiracetam, we could not find any reports of QT shortening. There were few reports of QT shortening when sodium valproate was used as a co-medication. In this case we are not sure if it is the valproate on its own or the addition of levetiracetam which caused the QT shortening. However based on no evidence of proarrhythmicogenic effect with drug induced QT shortening, we agreed to continue his anti-epileptic medications as closely monitoring him. More evidence base and research is needed to throw light on management of patients with drug induced short QT intervals.

**Conclusion**

Always rule out serious pathology with a back-up of chest pain first, and be aware that anxiety may be a cause but also an effect of chest pain. Be aware of becoming task focused, and the risk of not seeing the bigger picture.