Image Article

Interventional Cardiology

Successive myocardial infarction with non-obstructive coronary arteries

Lisa Ferraz*, Ana Faustino, Adriana Pacheco, Diana Carvalho, Ana Neves

Department of Cardiology, Centro Hospitalar do Baixo Vouga, Aveiro, Portugal

*Author for correspondence:
Lisa Ferraz, Department of Cardiology, Centro Hospitalar do Baixo Vouga, Aveiro, Portugal, E-mail: lisacostaf@gmail.com

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Description

73-year-old woman with history of paroxysmal atrial fibrillation, dyslipidemia and with hospitalizations for myocardial infarction with non-obstructive coronary arteries, was admitted to hospital due to chest pain, with an increase in troponin I, the electrocardiogram showed sinus bradycardia, Q waves in the side leads and ST-segment elevation in DI and aVL and the transthoracic echocardiogram revealed akinesia of the basal segments of the inferior wall, inferoseptal and inferolateral [1]. An emerging coronary angiography showed ectatic coronary tree with slow contrast flow without obstructive arterial disease. The coronary artery ectasia can have numerous causes such as inflammatory or connective tissue disease, such as ANCA-related vasculitis. The mechanisms underlying the myocardial infarction in the absence of obstructive coronary stenosis are manifold. The patients have a lower mortality compared with those with obstructive coronary artery disease [2], but are not a benign condition [3] and the prognosis depends on the underlying cause [4]. It is imperative that the underlying aetiology responsible for the condition is closely considered and investigated to assess the most effective treatment (Figure 1) [5].

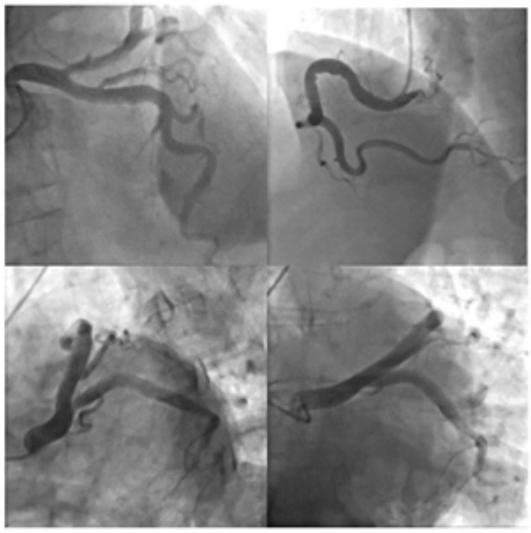

Figure 1: Coronary angiogram. A: Coronary angiogram shows distal LAD compromised flow indicated by the arrows on both A and B images.

Conclusion

This case highlights the importance of despite the majority has a benign course, some present with signs of previous myocardial infarction, being underlying coronary artery disease a malicious combination with an increased potential for adverse cardiac events.

Conflicts of Interest

The authors have no conflicts of interest to declare.

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