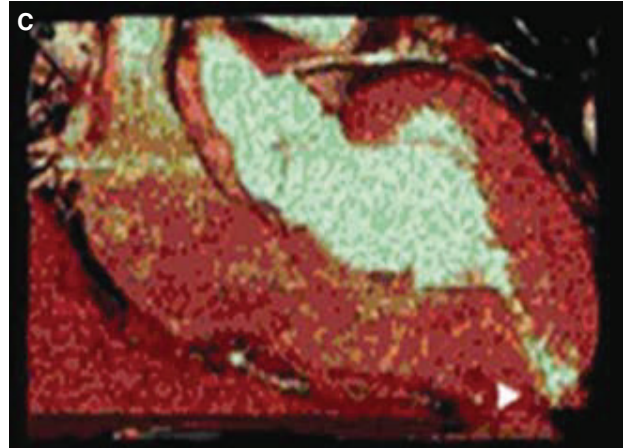
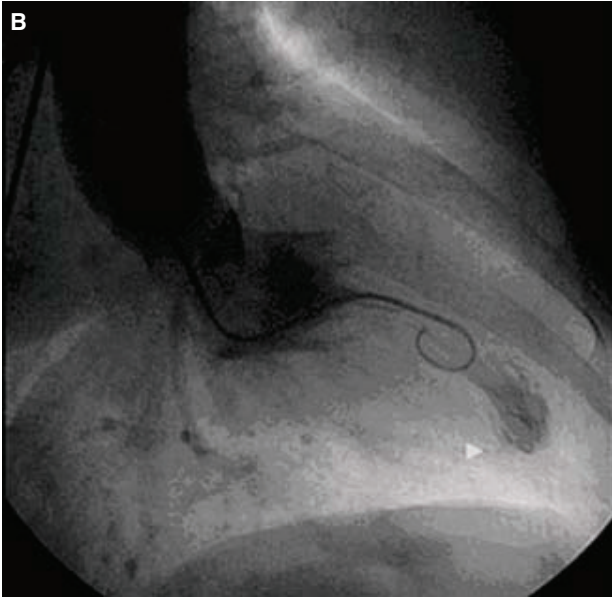
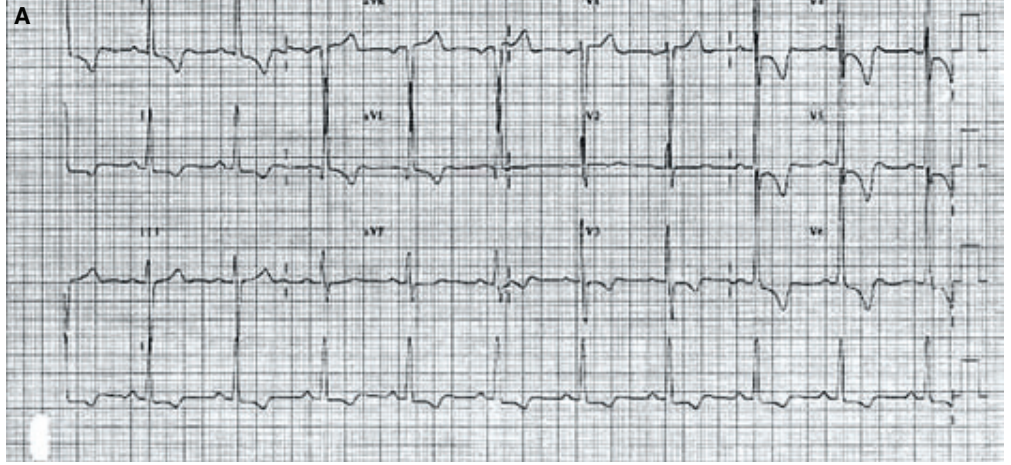


Demonstration of apical hypertrophic cardiomyopathy by left ventriculography and computed tomographic angiography

Sol ventrikülografi ve bilgisayarlı tomografi anjiyografi ile apikal hipertrofik kardiyomiyopatinin gösterimi

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Apical hypertrophic cardiomyopathy is a rare entity accounting for 1-2% of all hypertrophic cardiomyopathies. Its characteristic features are deep negative T waves in the precordial derivations and a spade-like formation of the left ventricle on left ventriculography. A 76-year-old woman had complaints of dyspnea and chest pain on modest exertion. Her blood pressure was 110/70 mmHg, and pulse rate was 64 beats/min. On auscultation S_1 and S_2 were normal. A grade 2/6 systolic ejection murmur was elicited at the left sternal bor-

der. The electrocardiogram showed sinus rhythm with left ventricular hypertrophy and a generalized T-wave inversion (Fig. A). On transthoracic echocardiography, all left ventricular walls were hypertrophic, and continuous Doppler showed a 60-mmHg gradient in the left ventricle. Coronary angiography demonstrated normal coronary arteries. Left ventriculography and computed tomographic angiography revealed a spade-like formation (Fig. B, C).

Figures. (A) Twelve-lead electrocardiogram showing generalized T-wave inversion and left ventricular hypertrophy. Typical appearance of apical hypertrophic cardiomyopathy in (B) left ventriculography and (C) computed tomographic angiography: white arrowheads showing spade-like formation.