

Case images

Olgu görüntüsü

A misdiagnosed acute myocardial infarction case in a single-ventricle patient

Tek ventriküllü bir hastada yanlış tanı konmuş akut miyokart enfarktüsü olgusu

Abdullah Nabi Aslan

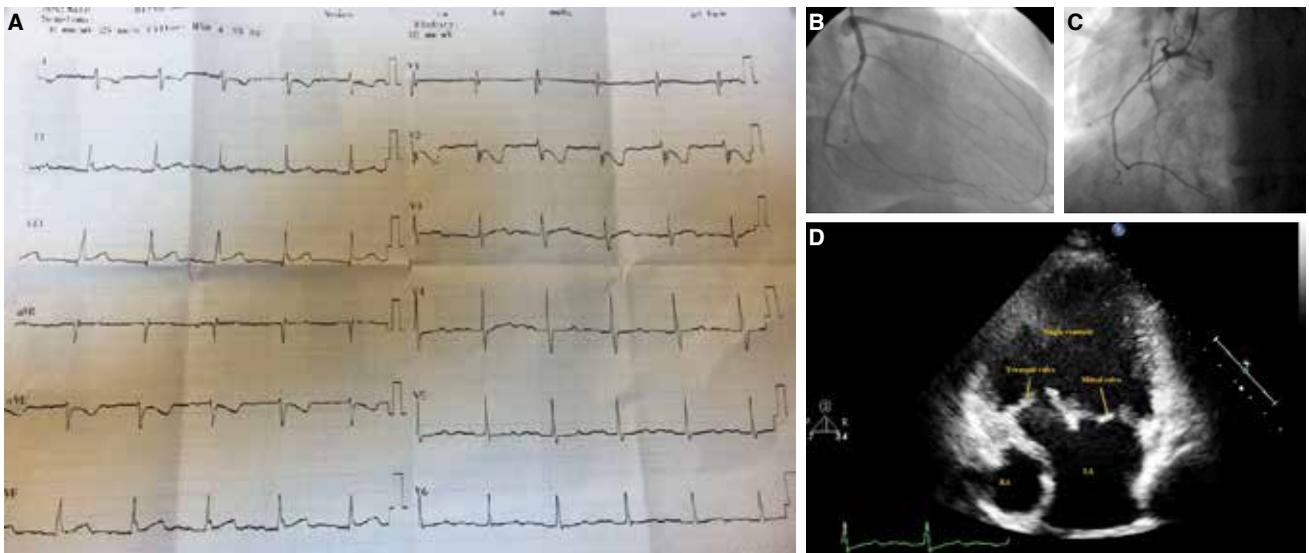
Hakan Süygün#

Engin Bozkurt#

Department of Cardiology,
Ataturk Training and Research
Hospital, Ankara, Turkey#Department of Cardiology,
Yildirim Beyazıt University
Faculty of Medicine, Ankara,
Turkey

A 42-year-old female patient was admitted to our hospital with the complaint of squeezing chest pain and cold sweating. Physical examination was unremarkable. Cyanosis was absent. She reported experiencing weakness for 2 years; however, effort capacity was normal. Electrocardiogram revealed normal sinus rhythm with 69 bpm, ST segment elevation at inferior derivations and reciprocal ST depression at D1 and aVL leads in accordance with acute inferior myocardial infarction (Figure A). Patient was taken to catheterization laboratory. Coronary angiography revealed normal coronary arteries (Figure B, C). Cardiac

biomarkers were also normal (troponin T 13.26 pg/mL, creatinine kinase MB 0.912 ng/mL). Her medical and family history revealed no cardiovascular risk factors. Apical 4-chamber view transthoracic echocardiography indicated type A (dominant ventricle is left ventricle) single ventricle with rudimentary right atrium and near-normal ejection fraction (50%) (Figure D, Video*). There was no family history of intermarriage or congenital heart disease. Causes of ST segment elevation was wide and include secondary ischemia of the myocardium, pre-existing elevation of the ST segment without acute ischemia etc. Single ventricle is an uncommon congenital heart disease, constituting approximately 1.5% of all congenital heart defects. Without surgical intervention, number of patients who reach adulthood is limited due to poor prognosis. Due to relatively asymptomatic nature of the disease, our patient was discharged under medical treatment with close follow-up.



Figures– (A) Electrocardiogram showing ST segment elevations in leads DII, DIII and aVF, together with reciprocal ST segment depressions in leads DI and aVL. Coronary angiography images: **(B)** right caudal view showing normal left anterior descending and circumflex arteries, **(C)** left oblique view showing non-dominant and normal right coronary artery. **(D)** Transthoracic echocardiography apical 4-chamber view showing single ventricle with rudimentary right atrium. *Supplementary video file associated with this presentation can be found in the online version of the paper.