

ACUTE MYOCARDIAL INFARCTION AND MYOCARDIAL BRIDGING IN A YOUNG PATIENT – CASE REPORT

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Case Description: A 40-year-old man called the emergency room for chest pain, pain in the left upper arm, with difficulty breathing and malaise, for the last three days. His vital signs were: arterial blood pressure 140/90mmHg, heart rate 98/min, respiratory rate of 18 breaths/min and oxygen saturation 98%. Diagnostic tests included CK=641 (29-200 U/L), CK-MB=84.99 U/L (normal < 25 U/L), and hs troponin=4987.4 ng/mL (0-34.2 ng/mL).

Clinical Hypothesis: In rare cases, acute myocardial infarction and myocardial bridging may occur as a distinct feature in one patient.

Diagnostic Pathways: ECG: ST-segment elevation in inferior leads. Echocardiography: Normal dimensions of the left ventricle with proper systolic function and diastolic function with normal kinetics and EF 60%. Hypokinesia of the inferior wall and base of the interventricular septum. Coronarography: TRA(r). RD2. LMN: b.o. TIMI 3 LAD: mid massive muscle bridge TIMI 3 Cx: b.o. TIMI3 RCA: mid/dist 100% thrombus, TIMI 3 Intervention (G.C. JR 4.0, 6F; FloppyMS): Thromboaspiration: Eliminate catheter 6F, NoII POBA to RCA mid/dist: balloon 2,5x20mm,12atm, NoI. RESULT: RCA mid/dist 100% → 50% TIMI 3.

Discussion and Learning Points: Diagnosis and appropriate treatment of this pathology are important. The patient was referred to a cardiac surgery facility where coronary artery bypass ACBPx1 (LRA-PDA) was performed, as well as LAD surgical myotomy.



Figure 1 and 2. POBA to RCA with end result



Figure 3 and 4. LAD in diastole and in systole