

[PICTURES IN CLINICAL MEDICINE]

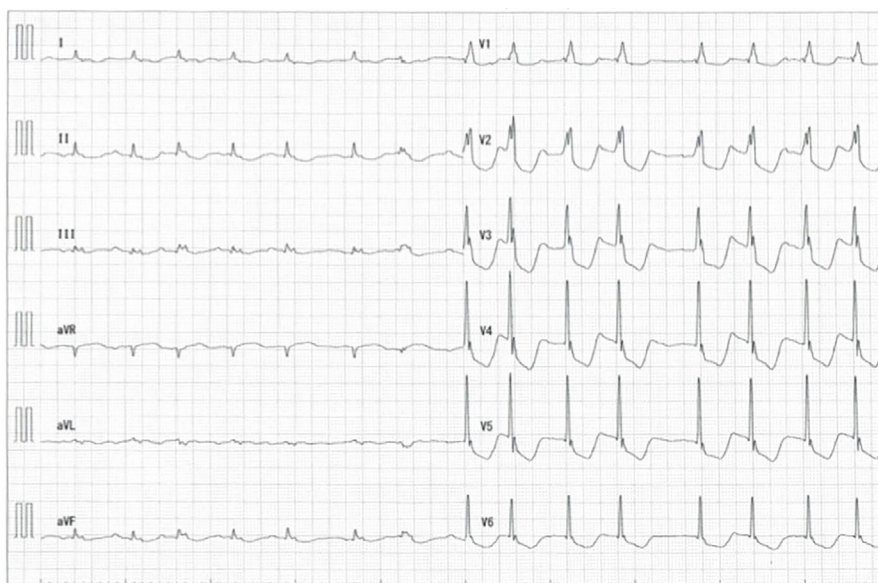
Enhanced Computed Tomography of Type 2 Myocardial Infarction

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Key words: type 2 myocardial infarction, anemia, enhanced computed tomography

(Intern Med 61: 925-926, 2022)

(DOI: 10.2169/internalmedicine.7810-21)

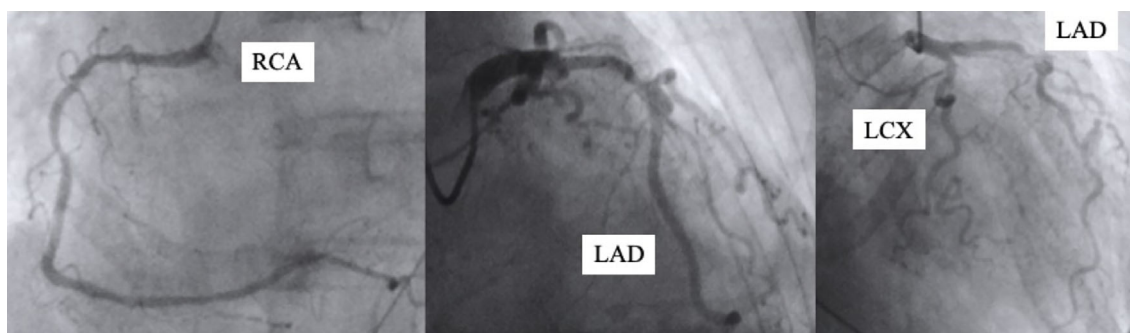


Picture 1.



Picture 2.

An 86-year-old woman with bladder cancer developed shock caused by acute bleeding from the bladder. She had a hemoglobin level of 3.3 g/dL, creatinine kinase level of 851 U/L, and troponin I level of 14.1 ng/mL. An electrocardiogram showed atrial fibrillation, complete right bundle branch block, and an ST segment elevation in lead augmented vector right (aVR) with reciprocal changes in leads I, II, and V4 to V6 (Picture 1) (1). Echocardiography showed a normal left ventricular systolic function. Non-gated enhanced computed tomography indicated poor contrast of the entire circumference of the left ventricular subendocardium (Picture 2). The subendocardial ischemic signs on computed tomography and normal echocardiography suggested no need for an emergency catheter for revascularization despite the accompanying increases in cardiac enzyme levels. We did not perform coronary computed tomography angiography



Picture 3.

(CCTA) in this patient, as the image quality of CCTA was expected to be poor because she had trouble holding her breath due to shock and atrial fibrillation. Stable hemodynamics were achieved in a few hours by blood transfusion, coronary angiography was able to be performed and confirmed the absence of acute obstruction in left main or 3 coronary vessels (Picture 3). We diagnosed her with type 2 myocardial infarction induced by anemia (2).

The authors state that they have no Conflict of Interest (COI).

Acknowledgement

We thank all of the doctors and medical staff who were in-

involved in the treatment of this patient.

References

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