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Complex Clinical Cases

INTRAMYOCARDIAL DISSECTING HEMATOMA SECONDARY TO DELAYED PRESENTATION ANTEROLATERAL STEMI

Poster Contributions

Saturday, May 15, 2021, 10:45 a.m.-11:30 a.m.

Session Title: Complex Clinical Cases: FIT Multimodality Imaging 1

Abstract Category: FIT: Multimodality Imaging

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Background: Delayed hospital presentation with STEMI during the SARS-CoV-2 pandemic can lead to increased incidence of typically rare mechanical sequelae. Intramyocardial dissecting hematoma (IDH) is one such complication of myocardial infarction.

Case: A 51 year-old male patient with a background of hypertension presented with a 7 hour history of typical chest pain. His initial ECG showed anterolateral ST segment elevation with reciprocal ST depression in the inferior leads, consistent with STEMI. Urgent angiography revealed a 100% acute occlusion in the mid-LAD. TIMI 3 flow was restored using a Xience 3.00 x 18mm stent, with resolution of pain and interval ECG improvement. Laboratory investigations revealed new significant anaemia.

Decision-making: Post-procedural transthoracic echocardiography revealed severely impaired systolic function and moderate concentric biventricular hypertrophy, and raised the suspicion of a mechanical complication (see image). This was further supported by his delayed presentation and extensive infarct area. His anaemia was suggestive of active haemorrhage. Endoscopic investigation failed to show a gastrointestinal source. Cardiac MRI (CMR) confirmed the presence of IDH.

Conclusion: This case highlights the need for a heightened index of suspicion for typically rare mechanical complications post-STEMI due to delayed hospital presentation during the current pandemic, as well as the growing utility of multimodality imaging such as CMR.

