Aborted Anterior Myocardial infarction vs. Takotsubo Syndrome: The Case of a Patient with a Stenotic Wrap-Around Left Anterior Descending Coronary Artery

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Dear Editor,

The report by Saadatifar et al. (1), published in the December 2015 issue of the Journal, about the 45-year-old woman who suffered Takotsubo syndrome (TTS) complicated by transient complete heart block, is of interest because the patient was found at coronary arteriography to have a proximal and middle left anterior descending coronary artery (LAD) stenoses, with one being 70%, and an allegedly wrap-around distribution. Indeed it is difficult to differentiate with certainty whether this was a case of an aborted acute anterior myocardial infarction (AAAMI) or TTS, as also reflected by the comments of the authors in their Discussion, regarding a possible "plaque rupture, and thrombus formation with spontaneous recanalization" (1). The "maximal exercise test and perfusion scan after 1 month from the acute event" which "did not show any ischemia", suggests that this case could not be an example of a "demand myocardial infarction", although an AAAMI due to spontaneous recanalization cannot be excluded. The wrap-around configuration is not well depicted in illustration 1 of this article (1), since the distal LAD is not included. Something that fits more with an AAAMI is the "marked elevation in the level of cardiac enzymes (creatine kinase [CK] MB and troponin)" (1), instead of a modest elevation commonly found with TTS. Finally the progressive improvement of the atrioventricular conduction from complete third degree heart block to first-degree atrioventricular block over the course of the 3 year follow-up should be attributed to perturbations due to underlying conduction system abnormalities, rather than "due to vagal storm" (1). I will appreciate the response of the authors on the above.

References


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