Acute Myocardial Infarction Due to Aortic Dissection

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Key words: aortic dissection, myocardial infarction, cardiac tamponade

(Inter Med 48: 173, 2009)

(DOI: 10.2169/internalmedicine.48.1726)

Picture

A 67-year-old hypertensive woman presented with sudden-onset back pain radiating to the anterior chest. Electrocardiogram showed complete atrioventricular block with a marked ST-segment elevation in the inferior leads suggesting acute inferior myocardial infarction (Picture A). Emergent coronary angiography revealed a severely narrowed proximal portion (arrow, Picture B) of the right coronary artery (RCA) which anomalously originated from above the left coronary sinus (Picture B). After stenting of the proximal RCA was performed, the ST-segment was normalized. Transthoracic echocardiography showed the intimal flap

(white arrows, Picture C) on the ascending aorta and computed tomography (CT) confirmed the diagnosis of Stanford type I dissecting aortic aneurysm affecting the RCA (black arrow, Picture D) and small amount of hemopericardium (white arrow, Picture D). She developed cardiac arrest due to cardiac tamponade and was successfully resuscitated by cardiac massage with emergent pericardiocentesis. In spite of emergency aortic replacement with Dacron graft and coronary arterial bypass grafting, she suffered from serious neurological sequelae.

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Received for publication September 29, 2008; Accepted for publication October 21, 2008

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