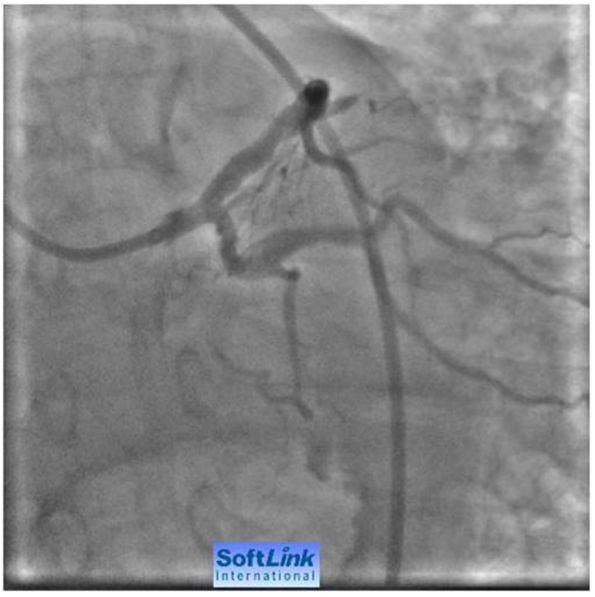

Case Summary. Our case also illustrate like what Dr Smith's published in his ECG Blog: there was minimal STelevation less than 1 mm in L1, aVL and V2. This could not be normal. If they're very minimal ST elevation in aVL (Less than 1 mm). Now look at V2 where there is less than 1mm of ST elevation. This cannot be normal (early repol).This is very suspicious for an LAD occlusion or subtotal occlusion.

Coronary angiogram showed tight LAD ostial lesion and stenting was done with excellent outcome.

Such kind of EKG changes along with chest pain may be included in the acute Anterior STEMI criteria.

TCTAP C-025

Embolic Myocardial Infarction Caused by Left Atrium Emboli from Atrial Fibrillation

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[CLINICAL INFORMATION]

Patient initials or identifier number. D

Relevant clinical history and physical exam. 26.01.16. 64 years-old man presented to emergency department with burning, pressure like 8/10 pain, radiating to left shoulder, started 2 hours ago. His past medical history significant for previous hospitalization 21.12.15 with ischemic heart disease, stable angina, atrial flutter.

Patient was taking aspirin 100 mg/day, metoprolol 50 mg b.i.d, atorvastatin 40 mg/day, spironolactone 25 mg/day, warfarin 5 mg/day.

Relevant test results prior to catheterization. ECG revealed ST elevation at II, III, AVF leads.

Cardiac troponins were positive.

INR 1,41.

Transthoracic echocardiography - left atrial thrombi.

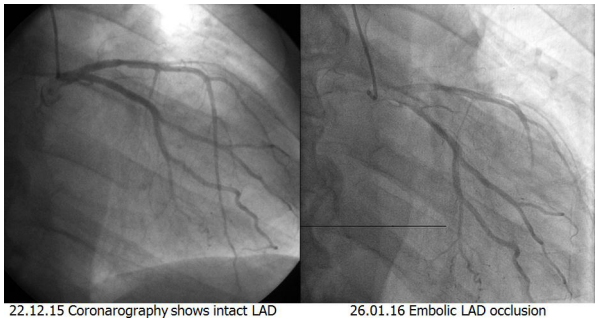
22.12.15 Coronarography found intact coronary arteries.

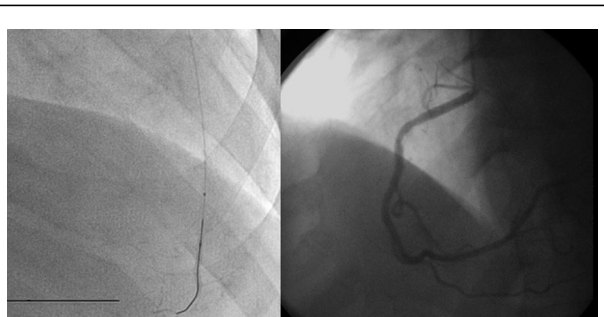
Relevant catheterization findings. Coronarography through 6F radial sheath found distal LAD occlusion with round perfusion defect, RCA occlusion at distal third.

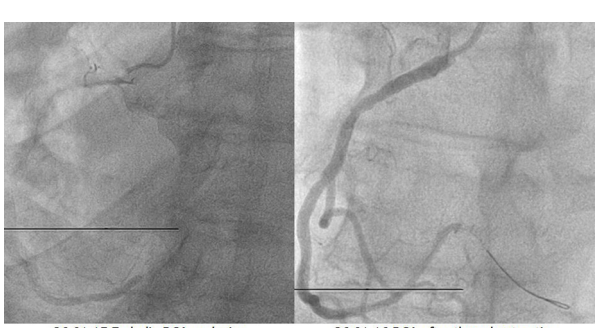
[INTERVENTIONAL MANAGEMENT]

Procedural step. LAD wired and aspirating thrombectomy attempted without result. Balloon angioplasty didn't restore blood flow. On purpose to assess distal LAD diameter behind occlusion, contrast was injected through cutted balloon. Distal part of LAD behind occlusion was intact, but diameter was less than 2 mm. Stenting didn't attempt because of small vessel diameter. Because of futility further LAD blood flow restoring attempts, we proceeded to RCA occlusion.

RCA wired and multiple balloon angioplasty attempted without any success. But aspirating thrombectomy restored blood flow of distal part RCA.







Case Summary. Embolic myocardial infarction is a rare case. During period 1990-2016 we found only 5 case reports describing embolic myocardial infarction.

Because of rareness there are no universal strategies. Some authors report successful thrombolysis, other recommend balloon angioplasty. In our case neither aspirational thrombectomy, nor balloon angioplasty succeed on LAD. Balloon angioplasty of RCA was also futile, but aspirational thrombectomy restored blood flow.