Unstable angina pectoris complicated with fatal massive intramyocardial dissecting haemorrhage

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A 71-year-old man was admitted with accelerated chest pain for 3 days. There were no history of hypertension, diabetes mellitus, heart failure, coronary artery disease, and trauma. Physical examination was unremarkable. Electrocardiogram showed minimal ST-segment depression in V1–3 derivations. Echocardiogram revealed apical and anterior wall hypokinesia with ejection fraction around 25%. Intramyocardial dissection flap filling with massive haemorrhage in the left ventricle was seen (Panels A and B, and see Supplementary data online, Videos S1 and S2). Note the presence of aqueous fluid movement indicating localized intramyocardial haemorrhage. Filling haemorrhage with a surrounding thin endomyocardial flap is seen. Troponin was within normal limits. The patient was considered as having acute coronary syndrome associated with intramyocardial dissecting haemorrhage. He underwent coronary angiography. However, during the short time of preparation, the general condition of the patient worsened and owing to pulseless electrical activity, cardiopulmonary resuscitation was started but despite all attempts he died. Patients’ relatives refused the autopsy.

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Intramyocardial dissecting haemorrhage is rare form of cardiac rupture. It is mostly secondary to myocardial infarction. The mechanism of dissection is the result of haemorrhage with resulting haematoma formation between the myocardial fibres of the ventricle. Echocardiography is the first diagnostic technique of dissecting intramyocardial haematomas.

M.O.: clinical following, approval of case. V.D.: design, interpretation, and editing the language of manuscript. S.E.: echocardiographic examination.

Supplementary data are available at European Heart Journal — Cardiovascular Imaging online.