

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 (creatinine kinase [CK] MB and troponin)” (1), instead of a modest elevation commonly found with TTS. Finally the progressive improvement of the atrio-ventricular 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

1. Saadatifar H, Khoshhal Dehdar F, Saadatifar S, Moshkani Farahani M. Takotsubo Cardiomyopathy With Significant Coronary Stenosis and Atrioventricular Conduction Block: A Rare Case Report With 3 Year Follow-Up. *Res Cardiovasc Med*. 2016;5(1):27839. doi: [10.5812/cardiovascmed.27839](https://doi.org/10.5812/cardiovascmed.27839). [PubMed: [26866012](https://pubmed.ncbi.nlm.nih.gov/26866012/)].