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Acute myocardial ischemia due to myocardial bridging: A management dilemma

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Myocardial bridging is recognized as a congenital variant where epicardial artery lies in the myocardium instead of lying over epicardial surface. The left anterior descending artery is most commonly involved. The reported prevalence averages around 25 %. But angiographic studies reported prevalence much lower with average around 1.7%. Myocardial bridging is thought to be a benign condition but there are case reports suggesting that it can cause myocardial ischemia, infarction, arrhythmias and even sudden death. Here, we are presenting a case of non-ST elevation myocardial ischemia due to myocardial bridging.

A 65 year old female with sub sternal chest pressure is worked up initially with EKG which showed LVH and ST depression with T inversion in lead I, aVL and V4-6. Her troponin levels went up to 0.11 from 0.04. Due to her risk factors, clinical presentation and severe COPD, we opted to go for angiographic evaluation and echocardiogram instead of stress testing.

Echocardiogram showed hyper dynamic left ventricle and severe apical hypertrophy. Angiography showed 25-30 mm long mid left anterior descending artery myocardial bridging involving septal perforators and hypertrophic cardiomyopathy. There was no significant obstructive coronary artery disease.

Even though many investigational modalities are developed in last three decades leading to better understanding of pathophysiology, large randomized trials are lacking to guide us for evidence based management for this condition. After reviewing available literature, we believe that medical management should be the first line option followed by stent placement or surgery for refractory ischemia.

Biography

Chandra Reddy Navuluri graduated MBBS from Siddhartha Medical College, NTRUHS, India. He Worked as primary care doctor under Dr. Ganti Eswar M.D. for 1 yr and then joined Internal Medicine residency at Wright Center for Graduate Medical Center, Scranton, USA.

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