Journal of
Cardiology & Cardiovascular Therapy
ISSN: 2474-7580

Juniper Publishers
key to the Researchers

Case Report
Volume 7 Issue 4 – August 2017
DOI: 10.19080/JOCCT.2017.07.555717

J Cardiol & Cardiovasc Ther

An Unusual Case of STEMI from Extrinsic Obstruction

Muhammad Awais Arif*, Aejaz UlHaq and Nicole Tran

University of Oklahoma, USA

Submission: July 19, 2017; **Published:** August 29, 2017

***Corresponding author:** Muhammad Arif, University of Oklahoma, 101 NE5 3rd Street, Apt 2402, Oklahoma City, Oklahoma, USA, 73105, Tel: 405-985-9543; Email: awaismalik7@gmail.com

Abstract

We present a patient with symptomatic multi-vessel ischemic heart disease requiring surgical intervention. The saphenous veins and radial arteries were unsuitable conduits and the ascending aorta was near porcelain. Six off-pump coronary artery bypass (OP-CAB) were performed utilizing five grafts derived from the basilic-cephalic veins and one from the internal mammary artery. Coronary angiography one year later showed complete patency of all the grafts.

Background

Although uncommon, cardiac fibromas can have dangerous consequences, usually arise in the ventricular muscle and may become quite large. Heart failure is the most common symptom, due to obstruction of blood flow or interference with alvular function and conduction disturbances. Here we present a rare case of acute occlusion of coronary arteries due to an inter-ventricular cardiac fibroma resulting in an acute ST elevation myocardial infarction.

Case Report

A 17 year old male with a past medical history of a biopsy diagnosed cardiac fibroma in the inter-ventricular septum (5cm X 9cm) who presented to the emergency department after a witnessed cardiac arrest with Ventricular fibrillation. He was resuscitated and achieved return of spontaneous circulation after 30 minutes. Initial electrocardiogram showed ST-elevations in leads V1 and V2 with reciprocal depressions. His troponins were elevated to 6.2 and he was thought to have an ST elevation myocardial infarction. He was taken to catheterization laboratory and coronary angiography showed occluded left anterior descending artery, ramus intermediacy and obtuse marginal that was thought to be secondary to compressive effects from fibroma. This was not amenable to percutaneous coronary intervention or surgical intervention. Unfortunately patient developed significant left ventricular systolic dysfunction with an ejection fraction of 20-30% and he was referred for a cardiac transplant.

Discussion

Cardiac fibromas are nevertheless the second most common pediatric cardiac tumor and can also occur in adults [1-3]. Histologically, these are similar to fibromas arising elsewhere in the body. Fibromas usually arise in the ventricular muscle and may become quite large. Unlike rhabdomyomas, fibromas do not regress spontaneously. They arise approximately five times more frequently in the left ventricle than the right ventricle [1]. Myocardial dysfunction and resultant heart failure is the most common symptom, due to obstruction of blood flow or interference with valvular function. Conduction disturbances can also occur. Echocardiography, supplemented with computed tomography (CT) scans or MRI confirms the diagnosis. Symptomatic tumors should be resected. Complete resection of very large tumors may require cardiac transplantation.

References

1. ElBardissi AW, Dearani JA, Daly RC, Mullany CJ, Orszulak TA, et al. (2008) Analysis of benign ventricular tumors: long-term outcome after resection. J Thorac Cardiovasc Surg 135(5): 1061-1068.
2. Valente M, Cocco P, Thiene G, Casula R, Poletti A, et al. (1993) Cardiac fibroma and heart transplantation. J Thorac Cardiovasc Surg 106(6): 1208-1212.
3. Burke AP, Rosado-de-Christenson M, Templeton PA, Virmani R (1994) Cardiac fibroma: clinicopathologic correlates and surgical treatment. J Thorac Cardiovasc Surg 108(105): 862-870.

DOI: 10.19080/JOCCT.2017.07.555717

How to cite this article: Muhammad A A, Aejaz U, Nicole T. An Unusual Case of STEMI from Extrinsic Obstruction. J Cardiol & Cardiovasc Ther 2017; 7(4): 555717. DOI: 10.19080/JOCCT.2017.07.555717