

Two different ischaemic heart entities with the same clinical presentation

Dwa różne przypadki choroby niedokrwiennej serca z takim samym obrazem klinicznym

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Post Kardiol Interw 2011; 7, 3 (25): 265–269

DOI: 10.5114/pwki.2011.24747

Abstract

In this article we report two patients with different ischaemic heart entities who had sustained chest pain and showed numerous abnormal electrocardiograms (ECGs). To our knowledge, this is a very important report for the differential diagnosis of acute coronary syndrome and hypertrophic cardiomyopathy, which may give almost identical clinical presentation, ECGs and laboratory findings, making coronarography necessary for final diagnosis.

Key words: acute coronary syndrome, hypertrophic cardiomyopathy, electrocardiogram, coronarography

Streszczenie

W artykule przedstawiono dwóch pacjentów z różnymi przyczynami niedokrwienia serca, którzy mieli utrzymujący się ból w klatce piersiowej oraz liczne nieprawidłowe zapisy EKG. Według wiedzy autorów jest to bardzo ważne doniesienie dotyczące diagnostyki różnicowej ostrego zespołu wieńcowego i kardiomiopatii przerostowej, które mogą dać niemal identyczny obraz kliniczny, zapis EKG i wyniki badań laboratoryjnych, a w celu ustalenia ostatecznego rozpoznania konieczne jest wykonanie koronarografii.

Słowa kluczowe: ostry zespół wieńcowy, kardiomiopatia przerostowa, elektrokardiogram, koronarografia

Introduction

Chest pain is one of the most frequent symptoms in patients who present themselves at the Emergency Center. In patients with myocardial ischaemia, the intensity of chest pain varies while spreading to the left shoulder and arm to the back, neck, mandible, teeth, rarely to the right arm and abdomen. When the patient suffers from stable angina pectoris, chest pain is usually provoked by an effort, a large meal, cold or emotional stress. However, in unstable angina, chest pain is often unrelated to the intensity of myocardial workload. Although primarily caused by stenosis of the coronary arteries, myocardial ischaemia can result from disproportionally increased myocardial demand for oxygen with coronary arteries of a normal diameter, e.g. in hypertrophic cardiomyopathy. Sometimes it is extremely

difficult to differentiate between exact causes of myocardial ischaemia using only the patient's history, physical signs, electrocardiograms (ECGs) and laboratory findings (serum levels of troponin I or T and creatinine phosphokinase – isoenzyme MB) [1].

In this article we present two cases of myocardial ischaemia with almost identical presentation, ECGs and laboratory findings, yet with different causes: acute coronary syndrome and hypertrophic cardiomyopathy.

Case reports

Case 1

A 51-year-old woman was admitted to the Coronary Unit (CU) due to sustained chest pain that started a few hours before. The ECG tracings demonstrated possible

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Praca wpłynęła: 16.06.2011, **przyjęta do druku:** 30.08.2011.

