

A post-infarct Myocardial sinus

黃群耀

Lai CH;Huang CY;Chen WL

摘要

Abstract

A 67-year-old Chinese man with a history of hypertension, diabetes mellitus and hyperlipidaemia was admitted for coronary angiographic study. Two years ago, he had an episode of acute myocardial infarction, for which he was treated by intravenous thrombolytic therapy, followed by percutaneous coronary intervention with stent implantation of the left anterior descending coronary artery (LAD).

He had increasing exertional dyspnoea and effort angina. The electrocardiography showed Q wave formation associated with ST segment elevation over the V2–4 leads. Coronary angiographic study showed that there was no instent restenosis, and that the blood flow of the LAD was normal. Interestingly, there was a myocardial sinus (panel A, arrowhead) measuring 13.5x7.7x7.2 mm in size, located in the anterior-apical wall, with profuse feeding arteries from the LAD and its branches. During the diastolic phase, the cine-angiogram revealed two tiny exit holes from the sinus, with ejecting blood flow into the left ventricular (LV) cavity (panel A, arrows). Under cine-angiographic study, this phenomenon appeared like the firing of two mechanical guns. CT study of the heart clearly demonstrated that this sinus was located at the anterior apical myocardium (panel B, arrowhead). The formation of this myocardial sinus is probably the result of previous myocardial infarction with myocardial necrosis and formation of an intramyocardial cavity with feeding arteries from the LAD. No coronary intervention was undertaken since the feeding arteries of this sinus were originated from many branches of the LAD.