IMAGING IN INTENSIVE CARE MEDICINE

Intramycocardial dissecting hematoma of right ventricle following a myocardial infarction

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A 79-year-old man with a medical history of hypertension, diabetes mellitus with polyneuropathy, dyslipidemia, and transient ischemic attack was admitted to the ICU for myocardial infarction after primary percutaneous revascularization (coronary angiography showed non-occlusive lesions in circumflex and posterior descending arteries and two stents were implanted). Dual antiplatelet therapy (aspirin + ticagrelor) and low molecular weight heparin (bemiparin) had been initiated. Twelve hours after admission, the patient experienced refractory angina. An electrocardiogram showed ST segment elevation in inferior leads and recurrence of elevated cardiac enzymes (troponin-T 1000 ng/L). A new coronary angiography was performed but did not reveal further lesions or complications related to the previous procedure. The following days the patient

Fig. 2 Cardiac MRI: intramycocardial dissecting hematoma (30x30x20)

Fig. 1 Subcostal long axis echocardiography: intramycocardial dissecting hematoma (41x29 mm)

remained asymptomatic. Repeat electrocardiograms demonstrated persistent ST segment elevation in inferior leads and negative T wave in anterolateral leads. Cardiac enzymes gradually decreased. A follow-up cardiac ultrasound demonstrated thickening up to 29 mm of the right ventricular wall in the subcostal long and short axes (Fig. 1). The ultrasound findings were confirmed by a cardiac MRI, showing an intramycocardial mass measuring 30 × 30 × 20 mm affecting the inferior wall of the right ventricle consistent with a dissecting hematoma (Fig. 2).

Electronic supplementary material

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