

## ATYPICAL MANIFESTATION OF MYOCARDIAL INFARCTION IN CLINICAL PRACTICE

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Myocardial infarction may have atypical painless manifestations especially in women, the elderly and patients with diabetes.

65-year-old woman presented to the clinic with complaints of dizziness and general weakness within 3-4 days. She had periodically elevated blood pressure during few years but she did not treat. On examination heart rate was 72 beats per minute and blood pressure was 120/80 mm Hg

Electrocardiography revealed signs of subepicardial damage of posterior and lateral segments of the myocardium.

Echocardiography showed ejection fraction of left ventricular was preserved (60 percent) and heart chambers were not dilated. But hypokinesia of posterior and lateral myocardial segments and grade I diastolic dysfunction were evident. Speckle tracking echocardiography revealed reduced global longitudinal strain (-12%), and reduced segmental strain in the posterior and lateral segments of the myocardium, where postsystolic shortening was detected. The middle delay time of myocardium segments contraction was 38 Msec.

She had increased glucose levels (18.6 mmol/l), high cholesterol levels and high troponin levels. Acute coronary syndrome was diagnosed. Coronary angiography revealed occlusion of the right coronary artery and balloon angioplasty was performed. Stenting was not used because of the structural features of coronary arteries.

Thus, myocardial infarction sometimes may be painless; therefore it is important to suspect it and to perform diagnostic procedures to detect this disease as early as possible.

