Myocardial Infarction in a 23-year-old Post-Collegiate Athlete

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ABSTRACT

CASE HISTORY: The patient is a 23-year-old post-collegiate football player who was playing a recreational basketball game when his chest started hurting. The patient reported he was in a great amount of pain, and he felt it was not with his breathing but rather with his heartbeat. The patient had EMS contacted and awaited their arrival where they originally evaluated him. The patient's health at the time of arrival was good according to the emergency personnel, so the patient opted to return home. The patient went home and was still in discomfort making him unable to sleep. He then decided to go the emergency room where he was taken in for further examination. PHYSICAL EXAM: Upon the arrival of the EMS, the patient's blood pressure and heart rhythm were checked and seemed normal to the paramedics. When the patient went to the emergency room, they took blood samples and found that his troponin levels were high and admitted him into the hospital for further evaluation. DIFFERENTIAL DIAGNOSES: Severe indigestion, rib contusion, pericarditis, aortic stenosis, myocarditis. TESTS & **RESULTS**: Upon examination the patient had an electrocardiogram done which came back normal. However, the patient had elevated troponin levels which required the patient to receive an angiogram. The angiogram showed a 75% blockage of a left ventricle. DIAGNOSIS: Acute anterior NSTEMI (non-STelevation myocardial infarction) type 1. **DISCUSSION**: Acute Anterior NSTEMI type 1 is a myocardial infarction that is on the lower spectrum of diagnosis. Type 2 or 3 would have been more severe and have the potential to leave life-long lasting effects. Myocardial infarctions are more common in patients who are of older age and are rarely seen in patients who are collegiate athletes or just out of college athletics. Factors that could contribute to a myocardial infarction are genetic predisposition, dietary lifestyle, and activity level. OUTCOME OF THE CASE: The patient completed his angiogram and was admitted into the catheter lab to insert a stent into the ventricle with that was blocked. Once the procedure was complete, another angiogram was completed to ensure proper blood flow. The patient was held in the hospital until the following day and was released with pain medication subscriptions. RETURN TO ACTIVITY AND FURTHER FOLLOW-UP: The patient was scheduled a one-month follow up and was able to return to work the following week. He did not experience any worsening of pain or discomfort after the surgery and is now living a normal lifestyle.