ARTERIAL EMBOLISM CAUSING MYOCARDIAL INFARCTION IN A PATIENT WITH ULCERATIVE COLITIS

Poster Contributions
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Authors: Hyon-He Garza, Tam Truong, Raj Patel, Hoang Thai, Southern Arizona VA Health Care System, Tucson, AZ, USA, University of Arizona Medical Center, Tucson, AZ, USA

Background: The risk of thrombosis is elevated in cases of inflammatory bowel disease (IBD). Furthermore, it has been shown that there is a modest increase in the risk of cardiovascular morbidity with IBD. We report a case of an acute ST elevation myocardial infarction presumably from an embolic source in a patient with normal coronary arteries confirmed with optical coherence tomography. A 60-year-old Hispanic man presented to the emergency department with a complaint of new onset chest pain. He has ulcerative colitis with recurrent lower gastrointestinal bleeding and chronic pruritic dermatitis requiring immunosuppressants. The patient denied any family history of coronary artery disease. He was a former tobacco user having quit over 15 years prior.

Methods: An electrocardiogram revealed ST elevation in leads II, III, aVF, V5 and V6 with reciprocal ST depressions in leads V1-V3. The coronary angiogram showed an occluded posterolateral branch. The remaining vessels were angiographically normal.

Results: Aspiration thrombectomy of the posterior lateral branch was performed successfully. Subsequent angiograms revealed complete normalization of the occluded segment. Optical coherence tomography (OCT) was performed and demonstrated completely normal arterial architecture throughout the entire right coronary artery.

Conclusion: IBD is associated with a modest increase in risk of cardiovascular morbidity. To the best of our knowledge this is the fourth reported case of myocardial infarction despite normal coronary arteries in the background of ulcerative colitis. Although he was a former smoker, other risk factors for coronary artery disease were minimal. During cardiac catheterization, this case demonstrated progressive resolution of the occluded culprit vessel in the setting of angiographically normal coronaries. Performing OCT on the occluded vessel provided evidence of normal vasculature in the absence of a clinically significant occlusion after thrombectomy was performed.