

Clinical case of the myocardial infarction in young woman

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Introduction. Myocardial infarction (MI) is the extreme degree of coronary heart disease (CHD), which is characterized by the presence of a section of myocardial necrosis, through complete or relative insufficiency of blood supply in this area. In the general structure of mortality, cardiovascular diseases in Ukraine in 2017 occupy 62%, most of them with MI. At the same time, the mortality rate from acute infarction in developed countries does not exceed 5%. The main etiological factors coincide with the risk factors of atherosclerosis: diabetes, hypercholesterolemia, high blood pressure, smoking, the presence of ischemic heart disease in family anamnesis, obesity (defined if BMI (body mass index) is more than 30 kg / m²), age (for men - risk factor after 45 years, for women - after 55 years).

Aim. Description the clinical case of a MI without a Q-wave at a young patient.

Materials and methods. On the basis of the MHO "RCH - CEMA and MC" in Kharkiv, a clinical case of MI was registered in a patient N. young age 37, who was hospitalized urgently to the cardiologic department with complaints on the retrosternal pain of a pressing nature, with a preliminary diagnosis: acute myocarditis .

An ECG was performed, the level of cardiospecific enzymes and troponin levels were determined. For further differential diagnosis there was performed coronary angiography, ECHO of heart, MRI.

Results. The following results were obtained in this patient: ECG (during hospitalization), rejection of repolarisation in the form of negative T in III excretion and depression of ST. The troponin level was 2.4 ng / L (norm 0.2 ng / l). According to the results of coronary angiography, patient N. had no hemodynamic disturbances. On the echocardiography the zones of hypokinesis were not detected. At the MRI of the heart - signs of postinfarction cardiosclerosis in the apex of the heart and in apex segments of the interstitial septum, with the

presence of microcirculation disturbance. The myocardium at this level is incapacitated.

Conclusions. According to the results obtained and the differential diagnosis with myocarditis, a diagnosis of a MI without a Q-wave was confirmed. The final diagnosis was complicated by the lack of changes in coronary angiography and the similarity of clinical symptoms with myocarditis (pain form). This clinical case is a frightening bell "rejuvenation" of the MI.