Abstract

The majority of patients who presented with an acute myocardial infarction to the emergency department have significant obstructed coronary artery disease. Although in minority of patients do not have significant coronary artery occlusion (< 50% stenosis) by coronary angiography. Those are called, myocardial infarction without significant coronary artery obstruction. Though this entity has been described more than 70-80 years ago, the name Myocardial infarction with non-obstructive coronary arteries (MINOCA) has been started to use recently with the advance of its understanding. MINOCA is a heterogenous group of diseases with different underlying pathophysiology.

We report a case of 52-year-old female with background history of diabetes mellitus for 11 years and dyslipidemia, on regular treatment, presented with sudden onset of palpitations, sweating and one episode of mild chest tightness for 4-hour duration without hemodynamic instability. Initial ECG showed left bundle branch block pattern (LBBB) with right ventricular outflow tract (RVOT) ventricular bigeminy. Highly sensitive Troponin I was positive. 2D echocardiography showed multiple regional wall motion abnormalities. But Coronary angiogram showed minor coronary artery disease (<50% occlusion) only. The Patient was managed as acute myocardial infarction. The diagnosis was made as Myocardial infarction with non-obstructive coronary arteries (MINOCA). The patient was discharged with a plan of further evaluation of the etiology for MINOCA.