[OPS3-15]

ST Elevation Myocardial Infarction as First Manifestation of Acute Leukemia

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Intraduction:
Acute myocardial infarction refers to myocardial necrosis occurring as a result of acute myocardial ischemia, and is the main cause of death and disability in adults. Acute myocardial infarction is is divided into five groups based on etiology in the Third Universal Definition of Myocardial Infarction. Type 2: In instances of myocardial injury with necrosis where a condition other than coronary artery disease contributes to an imbalance between myocardial oxygen supply and/or demand, e.g. coronary endothelial dysfunction, coronary artery spasm, coronary embolism, tachy-/brady-arrhythmias, anaemia, respiratory failure, hypotension, and hypertension. Anemia is a major reason of Type 2 myocardial infaction. Acute myeloid leukemia is a group of hematopoietic malignancies in which abnormal myeloblast proliferation results in the disruption of erythrocyte and platelet production in the bone marrow.
CASE:
A 66-year-old female patient was admitted to our clinic with complaints of fatigue, exertional chest pain and shortness of breath. The patient's complaints had started about 1 month earlier and worsened over the 12 hours before admission. ECG showed peaked T-wave in leads V1–V6 and then significant ST-wave elevation in the anterior leads and ST-wave depression in the aVR lead (Figure 1A). Echocardiography showed left ventricle EF of 45% and hypokinesia in the anteroseptal wall (Figure 2). Without waiting for the results of her blood tests, a primary percutaneous coronary intervention was planned and urgent coronary angiography was performed. Narrowing of the epicardial coronary arteries which would cause ischaemia was not observed on the coronary angiography (Figure 3). Her hemoglobin was 6 g/dL and platelet count was 55,000/µL, other chemistry panel was within normal limits Because of the lack of severe stenosis in the coronary arteries, we diagnosed secondary myocardial infarction due to anemia. A peripheral blood smear, was consistent with Acute myeloid leukemia, and the patient was transferred to the hematology department for chemotherapy.
DISCUSSION:
In patient with the diagnosis of ST elevation myocardial infarction, sometimes normal coronary arteries may seen. We believe that the imbalance between oxygen supply and demand due to impaired myocardial perfusion led to evolvement of type 2 myocardial infarction at this case. The prognosis in accompanying myocardial infarction and Acute myeloid leukemia is clearly worse.

Keywords: ST Elevation Myocardial Infarction, Anemia, Acute Leukemia

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