A 74-year-old woman was admitted for evaluation of chest pain. She had fallen and hit her head 4 days before her admission and had lost consciousness. Her chest pain had begun immediately after this event. An ECG on admission revealed abnormal Q waves and ST-segment elevation (Figure 1A). Her plasma creatine phosphokinase level was significantly elevated (386 IU/L), with an increase in MB isozyme level on admission. Thus, cardiac catheterization was performed. Left ventriculography revealed global akinesis, and the shape of the left ventricular cavity at end systole showed aneurysm formation (Figure 1B and 1C). In addition, hemodynamic data demonstrated low cardiac output and high left ventricular end-diastolic pressure. However, a coronary angiogram showed no organic stenosis and no vasospasm of epicardial coronary arteries. Endomyocardial biopsy of the left ventricle showed no specific histological evidence of acute myocarditis. Furthermore, her chest symptoms improved significantly, and left ventricular wall motion improved dramatically and returned to normal 3 days after her admission. A CT was performed to investigate her head injury. The CT scan clearly revealed subdural hematoma and compression of the left lateral ventricle (Figure 2). In view of these findings, she was diagnosed as having neurogenic stunned myocardium caused by her head blow with subdural hematoma.
Figure 1. ECG on admission, showing abnormal Q waves and ST-segment elevation (A). Left ventriculograms in right anterior oblique view of end diastole (B) and end systole (C) show global akinesis with aneurysm formation.
Figure 2. CT without contrast infusion shows subdural hematoma with a high- and low-density mass over convexity of left hemisphere (arrows) and reveals marked compression of left lateral ventricle.
Neurogenic Stunned Myocardium
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