ACUTE MYOCARDIAL INFARCTION WITH NORMAL CORONARY ARTERIES, INCLUDING “TAKO-TSUBO” OR APICAL BALLOONING SYNDROME

Not uncommonly, patients who present with acute myocardial infarction do not have coronary artery stenosis demonstrated on subsequent coronary angiography. These patients may have typical ST-segment elevation on ECG and increased levels of troponin or CK-MB. Echocardiography demonstrates typical regional wall motion abnormalities. Also, these patients can develop complications of acute myocardial infarction similar to those of patients with coronary artery disease. Clinical situations in which this scenario is seen include coronary spasm, subarachnoid hemorrhage, pheochromocytoma, and apical ballooning syndrome (1, 5, 41). The apical segment is usually involved, and acute LVOT obstruction has occurred in this setting. Characteristically, patients with sudden onset of subarachnoid hemorrhage present with T-wave inversion on the ECG and, less frequently, ST-segment elevation. In these patients, echocardiography demonstrates regional and global myocardial dysfunction. However, the myocardial dysfunction resolves in a few days. Patients in whom myocardial dysfunction develops after subarachnoid hemorrhage have been found to have a higher catecholamine level. Increased