CLINICAL SNAPSHOT

An Inferior STEMI . . . or not?

A 74-year old man with metabolic syndrome and complete right bundle branch block was brought to our emergency department after successful prehospital resuscitation in initial asystole, he was intubated on scene. His relatives reported that the patient had expressed a diffuse feeling of malaise preceding the collapse, but could not give precise details. On electrocardiogram (ECG) we saw ST-segment elevations in leads II, III and aVF, suggesting myocardial infarction due to occlusion of the right coronary artery. Nevertheless, acute coronary angiography revealed only mild coronary sclerosis. Subsequent computed tomography detected massive intracerebral bleeding, thought to be due to hypertension because of the typical location.

ECG changes, but also echocardiographic wall movement disorders and elevated cardiac enzymes have been well documented particularly for subarachnoid hemorrhage ("Neurogenic stunned myocardium"), but may also occur with other neurological events.

In cases of ST-segment elevations in ECG without typical symptoms of acute coronary syndrome, particularly in the presence of headache or neurological deficits, or initial asystole in cases of cardiac arrest, the differential diagnosis of a cerebral event must be considered as a possible cause.

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