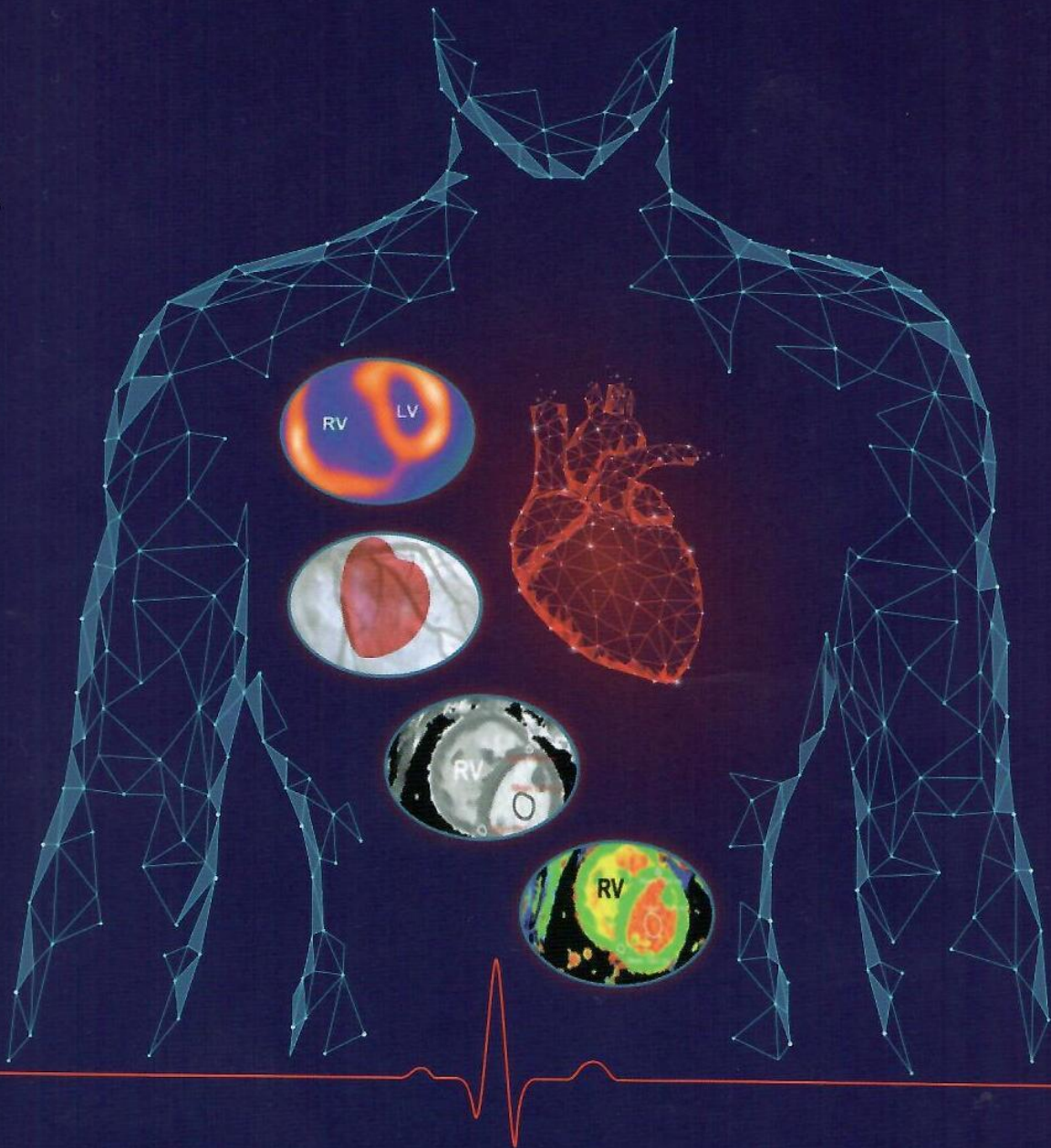




EHRA
European Heart
Rhythm Association
European Society of Cardiology

Symposium with international participation
"HIGHLIGHTS IN CARDIOVASCULAR DISEASES"

ABSTRACT BOOK



04-06 November 2022,
h. DoubleTree by Hilton, Skopje, North Macedonia

**Symposium with international participation
"HIGHLIGHTS IN CARDIOVASCULAR DISEASES"**

ABSTRACT BOOK

**04-06 November 2022,
Skopje, North Macedonia**

CASE REPORT: PATIENT WITH VENTRICULAR SEPTAL DEFECT FOLLOWING ACUTE MYOCARDIAL INFARCTION

M. Trajkova, A. Eftimova, E. Vrajnko, V. Andova

University Clinic of Cardiology – Skopje, North Macedonia

Introduction: Post-myocardial infarction ventricular septal defect (VSD) is a rare and potentially fatal complication. The clinical presentation includes chest pain and dyspnea. Once it's suspected, echocardiographic imaging is indicated.

Background: A 60-year-old male patient with acute anterior myocardial infarction went under coronary angiography with stent implantation in another medical center. Due to persistent chest pain, he consults our clinic.

Material and Methods: The patient was admitted in moderate general condition, with chest pain, hemodynamically stable. A systolic murmur was heard at the left sternal border. Electrocardiogram was sinus rhythm, 110 bpm, and ST-segment elevation in the precordial leads. Laboratory results showed elevated troponin.

Transthoracic echocardiography was performed in the first hour of the admission. Echocardiography showed reduced left ventricular ejection fraction (30%) with akinesia of the apex, middle and apical part of the intraventricular septum and lateral wall of the left ventricle. In the apical segment of the interventricular septum, a post-MI defect (a VSD) of 8 mm was visualized, with a Doppler gradient of 55 mmHg. This is a rare complication from acute myocardial infarction on the anterior wall, the apical segment of the left ventricle, and the intraventricular septum.

Results: After a cardiac and cardiac surgery consultation, the patient was qualified for urgent VSD repair. He refused the intervention and left our clinic, despite the medical recommendations. After a few days, the patient was dead.

Conclusion: Most septal ruptures occur within the first four days after MI. Echocardiography is the first imaging for detecting these complications. Urgent cardiovascular surgery or percutaneous repair is the treatment of choice. The mortality, despite the treatment, remains high.

Keywords: echocardiography, myocardial infarction, ventricular septal defect

