

中文題目：肥厚性心肌症合併心尖心室瘤

英文題目：Hypertrophic cardiomyopathy with mid- LV obstruction and apical LV aneurysm- a case report

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Background:

Hypertrophic cardiomyopathy (HCM) with mid-LV obstruction is one of the subtype of HCM and may be associated with apical LV aneurysm. The adverse events associated with apical LV aneurysm in HCM includes progressive heart failure/death, sudden death, and monofetal stroke.

Methods and materias: case report and literature review

Results:

A 70 years-old female patient had history of hypertension, diabetes, angina pectoris and apical hypertrophic cardiomyopathy. She had more chest tightness, dyspnea and poor bp control recently. The follow up EKG showed LV hypertrophy and biphasic T wave changes over multiple limb leads and precordial leads. The cardiac echo showed LV hypertrophy mainly involving apical LV / RV, apical LV aneurysm and mild mid LV obstruction. The Doppler estimated peak gradient at mid LV was 16 mm Hg. The stress thallium cardiac perfusion scan for the evaluation of angina pectoris showed myocardial ischemia and scar over multiple areas of LV. Cardiac cath was done for coronary evaluation. The coronary angiography showed 50% stenosis in LAD and in RCA. The pressure gradient from LV apex to LVOT = 100 mm Hg under provocation challenge. LV angiogram confirm the diagnosis of apical LV aneurysm and image support of mid- LV obstruction.

Discussions:

Apical LV aneurysm may be associated with thrombus in the aneurysm. Cardiac MRA was done for this case. The result was inconclusive for apical LV thrombus.

For patient with large apical LV aneurysm and poor medical controlled heart failure surgical treatment may be an option.

Conclusions :

Apical LV aneurysm may be found in some case of apical HCM. It may be associated with risk of clinical adverse event and we need to keep this diagnosis in mind.