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References
The list of references is available in the online version of this paper.

CARDIOVASCULAR FLASHLIGHT

Myocardial rupture: asymptomatic cover-up
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A 50-year-old man presented with complaints of fatigue. Two months earlier a percutaneous transluminal angioplasty of the left popliteal artery was performed. Post-procedure, he experienced some chest discomfort, which disappeared spontaneously after a couple of hours. No cardiac analysis was performed at that time. Patient was discharged without any complaints. After 4 weeks the patient became progressively fatigued, for which he was presented in our out-patient clinic. Physical examination was normal. ECG showed a previous antero-septal myocardial infarction and abnormal inferolateral repolarization. Transthoracic echocardiography (Panels A and B) showed a large process (*), which almost completely compressed the right ventricle (white arrow) and right atrium. The left ventricular function was diminished with regional wall motion abnormalities. Cardiac magnetic resonance imaging (Panels C and D) revealed that the process consisted of fluid with moving trabeculae. Transmural delayed enhancement (black arrow) was seen in the proximal inferior wall. Diagnosis of a myocardial rupture was suspected. A coronary angiogram was performed which showed a left main stenosis and three vessel disease. Patient was scheduled for surgery to remove the process and to perform coronary bypass grafting. During surgery the process proved to be a large thrombus. There was evidence of myocardial rupture in the inferior wall. After removal of the thrombus transoesophageal echocardiogram showed decompression of the right ventricle and atrium. After surgery his fatigue was reduced, his recovery was uneventful.

This patient is an illustrative example that a life-threatening complication as a myocardial rupture with apparent haemodynamic significance can present relatively asymptomatic.

Supplementary material is available at European Heart Journal online.