A 42-year-old policeman with no prior medical problems presented with a several-month history of intermittent palpitations without syncope. His electrocardiogram showed sinus rhythm with prominent precordial T-wave inversions. Echocardiography was suboptimal due to poor acoustic windows. Cardiac–magnetic resonance imaging demonstrated the classic spade-shaped left-ventricular cavity of apical hypertrophic cardiomyopathy (Figure 1 and supplementary video).

Apical hypertrophic cardiomyopathy is a form of hypertrophic cardiomyopathy predominantly involving the left ventricular apex. It is most common in Japan but also seen in western populations. Apical thrombus, left-ventricular non-compaction and endomyocardial fibrosis may create a similar echocardiographic appearance, which can be distinguished from apical hypertrophic cardiomyopathy using cardiac–magnetic resonance imaging.

Patients are typically male and present in middle age with symptoms of palpitations, chest pain or dyspnea. Although autosomal-dominant inheritance has been reported in a few families, the condition is usually sporadic. The electrocardiogram typically shows pronounced precordial T-wave inversions. Sudden cardiac death from ventricular arrhythmia has been described, and prophylactic defibrillator implantation is occasionally performed. However, the prognosis is generally more benign than other types of hypertrophic cardiomyopathy.

**Supplementary material**

Supplementary material is available at QJM online.

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**References**


