中文題目:嚴重冠狀動脈心肌橋以陣發性房室傳導阻滯的臨床表現

英文題目:Severe Myocardial Bridge Presenting as Paroxysmal Atrioventricular Block

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Abstract

Introduction: Myocardial bridge (MB) is a segmental tunnel in left anterior descending artery (LAD) beneath myocardium which can cause several significant cardiac disorders such as stable angina, acute coronary syndrome, and even sudden cardiac death. However, it seldom induces conduction block. Herein, we report a rare case of severe myocardial bridge who presented as acute non-ST elevation myocardial infarction along with paroxysmal Mobitz type I atrioventricular block (AV block).

Methods: N/A

Case presentation (Result section): A 51-year-old male patient presented with crescendo dizziness, suffocating chest pain and cold sweating after alcohol drinking at a rave party. His past, personal, and family histories were unremarkable except for hepatitis B carrier. Physical examination unveiled irregular heart beat on auscultation. His initial electrocardiography revealed baseline first degree AV conduction block with paroxysmal Mobitz type I AV block without significant ST-T wave changes. Cardiac biomarker reported elevated troponin I at level of 1.4 ng/mL (normal below 0.04). Bedside echocardiography excluded systolic or diastolic abnormality. Coronary angiography was implemented under the impression of acute non-ST elevation myocardial infarction. Interestingly, myocardial bridge at mid portion of LAD with severe systolic compression involving proximal segment of the most dominant septal perforator branch was found with patent right coronary artery and left circumflex artery. The patient recalled that he had similar experiences while strenuous exercise or alcohol drinking in the past five years. Due to wax and wane symptoms, the patient underwent coronary artery bypass surgery. He is now followed up at outpatient clinic uneventfully.

Conclusion: This case reminds clinicians that myocardial bridge should be considered in patients with acute coronary syndrome and paroxysmal atrioventricular block, especially among those with low cardiovascular risk.