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IMAGE FOCUS

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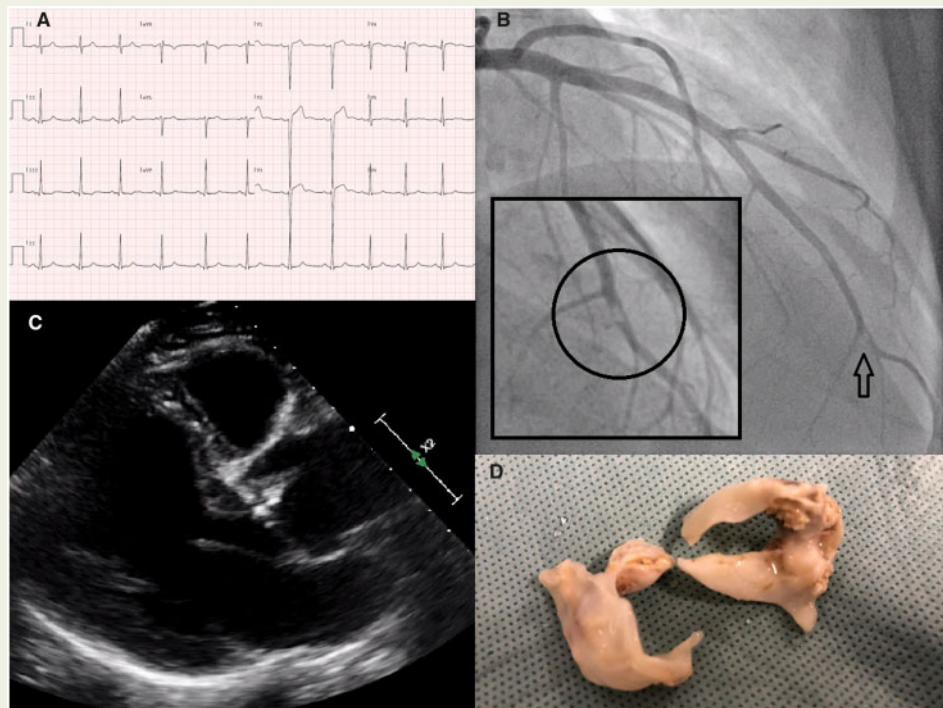
A young man with a ST-elevation myocardial infarction

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A 34-year-old man was seen at the emergency department with acute retrosternal chest pain. His medical history reported an asymptomatic bicuspid aortic valve. The electrocardiogram revealed signs of left ventricular hypertrophy and convex ST-segment elevations in leads V1–V4 without clear reciprocal depressions (Panel A). The patient underwent a coronary angiography which showed non-atherosclerotic coronary arteries with a small calcic embolus in the distal left anterior descending artery (arrow in Panel B; circled in zoomed-in image). Because the pain was disappeared spontaneously and the ST segments were normalized, no intervention was performed. The invasive mean gradient of the aortic valve was 49 mmHg. Laboratory tests revealed a rise and fall of cardiac enzymes with a maximum detected creatine kinase myocardial band level of 219 µg/L. Transthoracic echocardiogram showed an extensively calcified aortic valve with severe aortic stenosis, a dilated ascending aorta (maximum diameter 46 mm) and akinesia of the left ventricular apex (Panel C).



The patient underwent an urgent surgical mechanical aortic valve and Bentall aortic arc replacement (Panel D). He recovered well and was discharged 6 days later. In conclusion, we report a rare case of a patient presenting with an anterior ST-elevation myocardial infarction as a first symptom of a severe aortic stenosis.

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