

IMAGE IN CARDIOLOGY

Acute myocardial infarction complicated with cardiogenic shock as a late onset of Kawasaki disease



Enfarte agudo do miocárdio complicado por choque cardiogénico devido a início tardio da doença de Kawasaki

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Received 9 July 2017; accepted 16 August 2017

A 61-year-old man was admitted to our hospital due to acute inferior myocardial infarction, complicated by complete heart block and cardiogenic shock. The patient had received

dual antiplatelet therapy (aspirin and ticagrelor) and an emergency coronary angiogram was performed. It should be noted that he had previously been with hypertension,

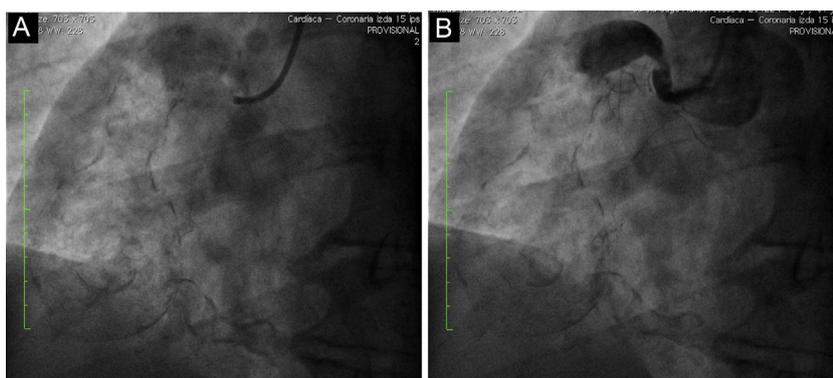


Figure 1 Right coronary angiogram.

(A) Calcified giant aneurysm of the right coronary artery is easier to see on the fluoroscopy; (B) total thrombotic occlusion of the proximal right coronary artery.

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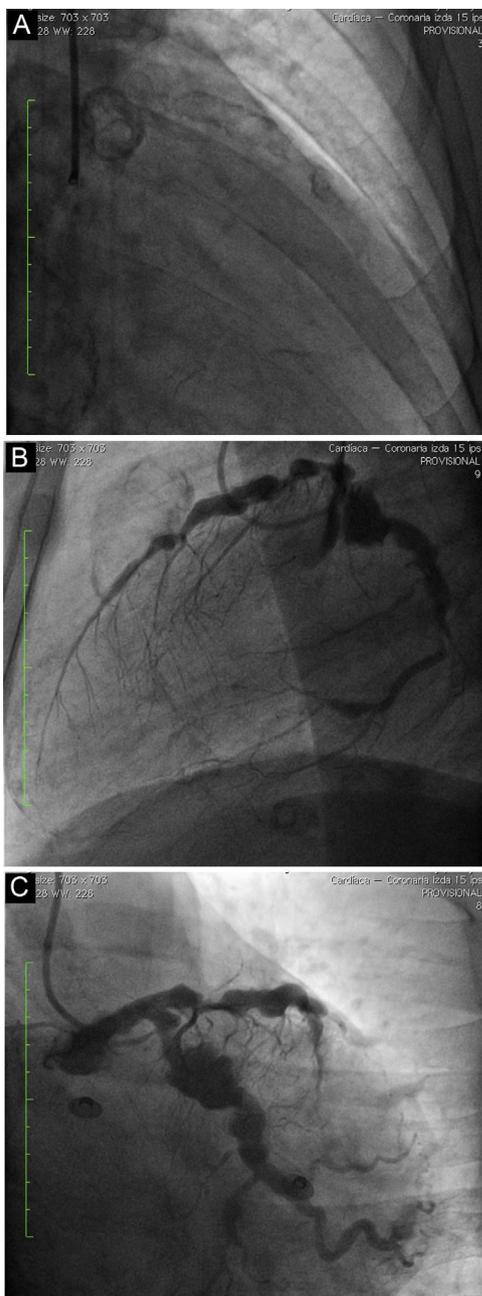


Figure 2 Left coronary angiogram. Fluoroscopy (A) and left coronary angiography (B) and (C) show arterial ectasia and calcification with serial aneurysms and significant stenosis in the proximal anterior descending coronary artery.

hypercholesterolemia, a 48×41-mm abdominal aortic aneurysm and gastric ulcer.

Single-plane fluoroscopy (Figure 1A) and coronary angiography showed a giant calcified aneurysm (73 mm×72 mm) of the mid-right coronary artery (RCA), and smaller aneurysms that were proximal and distal to the first. The proximal RCA was occluded by a thrombus (Figure 1B) so percutaneous revascularization could not be performed. The left coronary artery had multiple calcified aneurysms, and severe stenosis of the proximal anterior descending coronary artery (Figures 2A–C) was found. We performed ascending aortography, which was normal. These findings could be related to Kawasaki disease (KD). Despite good evolution following cardiogenic shock, the patient had upper gastrointestinal bleeding, a major and acute complication, which was fatal.

KD is a self-limiting acute systemic vasculitis of unknown etiology, which affects infants and children. It usually involves small and medium-sized arteries, and commonly the coronary arteries. The morbidity and mortality in KD are associated with the development of coronary aneurysms that can lead to myocardial infarction. In adults, most cases are reported in patients under the age of 40 years. This case is of great interest due to the late onset and the severe form of the disease.

Conflicts of interest

The authors have no conflicts of interest to declare.