

IVUS into the Eye of the Storm : A Case Report of Thyroid Storm Masquerading as Acute Myocardial Infarction

C-19

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A 50-year-old lady who was known to have hyperthyroidism presented to the Emergency Department with left-sided chest pain for the past 7 hours. ECG showed ST elevation over lead aVR with marked ST depression over most other leads. She was subsequently transferred to an invasive cardiovascular lab for primary PCI. A guiding catheter was carefully engaged to the left coronary artery. Coronary angiography showed ostial LM 70-80% stenosis which partially improved with IC GTN. IVUS performed while the guiding catheter was disengaged showed minimal plaque in the left main including the ostium. As she was still having angina, IVI GTN was initiated and she was transferred to the coronary care unit for further care. Her thyroid function test revealed she had thyrotoxicosis. After 5 days in the hospital and with hyperthyroid treatment, she was discharged well.

Vasospasm secondary to hyperthyroidism can masquerade as acute myocardial infarction. For isolated ostial lesions, we need to suspect vasospasm and attempt to relieve the spasm with intracoronary drugs or assess with intravascular imaging.

