Widespread Scarring in Apical Hypertrophic Cardiomyopathy

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51 years old male patient with palpitations, who had ischemic T changes (Figure 1) and nonsustained ventricular tachycardia attacks in the electrocardiography was admitted at another hospital. There was no any cardiac symptom before addmission in medical history. In echocardiography , Ejection Fraction: 35%, left ventricular global hypokinesia and apical hypertrophy were detected. Coronary angiography was revealed normal coronary arteries. The patient was referred to our clinic for further treatment. We took cardiac magnetic resonance image for etiology of cardiomyopathy. According to MRI results, we determined very wide scar areas in the left ventricle (Figure 2). We implanted ICD to the patient and discharged him without any complication (1).

To the best of our knowledge, we have not come across such a wide scar area in any patient with apical hypertrophic cardiomyopathy in litarature. As a result, in our case, we wanted to illustrate the severeness of scarring in these type of patients.

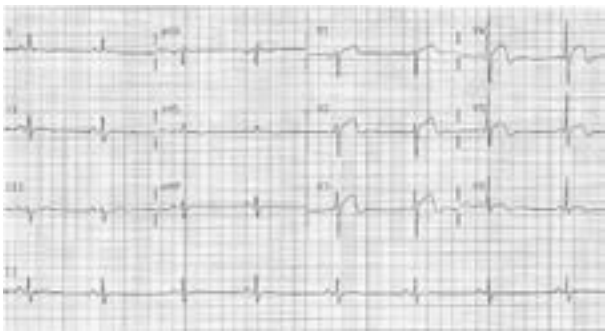

***Figure 1**. ECG records that show both the absence of hypertrophy and presence of ischemic T changes.*

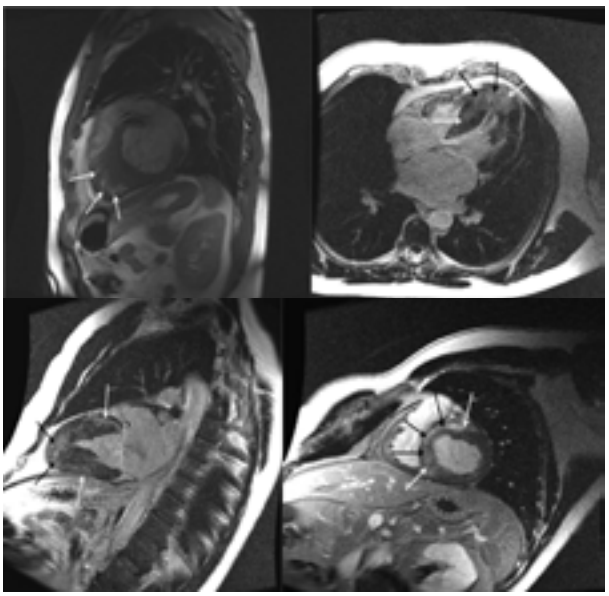

***Figure 2**. Scar areas In the MRI images (Locations indicated by arrows).*

REFERENCE

1. *Suk T, Edwards C, Hart H, Christiansen JP. Myocardial scar detected by contrast-enhanced cardiac magnetic resonance imaging is associated with ventricular tachycardia in hypertrophic cardiomyopathy patients. Heart Lung Circ 2008;17(5):370-4.*

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