Annals of Clinical and Medical Case Reports

Case Report ISSN 2639-8109 | Volume 13

Atherosclerotic Coronary Artery Disease-Mimicking Myocardial Bridging

Tsung-Lin Yang^{1,2,3} and Chun-Ming Shih^{1,2,3*}

¹Department of Cardiology, Taipei Medical University Hospital, Taipei, Taiwan

²Department of Internal Medicine, School of Medicine, College of Medicine, Taipei Medical University, Taipei, Taiwan

³Taipei Heart Institute, Taipei Medical University, Taipei, Taiwan

*Corresponding author:

Chun-Ming Shih,

Department of Cardiology, Taipei Medical University Hospital, Taipei, Taiwan, Department of Internal Medicine, School of Medicine, College of Medicine, Taipei Medical University, Taipei, Taiwan and Taipei Heart Institute, Taipei Medical University, Taipei, Taiwan Received: 01 Apr 2024 Accepted: 25 May 2024

Published: 29 May 2024 J Short Name: ACMCR

Copyright:

©2024 Chun-Ming Shih. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and build upon your work non-commercially

Citation:

Chun-Ming Shih, Atherosclerotic Coronary Artery Disease-Mimicking Myocardial Bridging. Ann Clin Med Case Rep. 2024; V13(24): 1-1

1

1. Case Report

A 66-year-old male presented to the cardiology clinic with a 10-day history of intermittent chest tightness and dyspnea on exertion. The symptoms were aggravated by exercise and relieved by rest. He reported no past medical or surgical history. Physical examination was unremarkable. Electrocardiography showed normal sinus rhythm with premature atrial complexes. A treadmill test exhibited positive result for myocardial ischemia. A coronary angiography revealed dynamic compression at the middle part of the left anterior descending artery. Significant squeezing and apparent narrowing were noted during every systole (Video). A diagnosis of myocardial bridging was made, and treatment with oral beta-adrenergic antagonist and non-dihydropyridine calcium channel blocker was initiated. After 2 weeks of medical therapy, the patient's chest pain and dyspnea had resolved.