Atherosclerotic Coronary Artery Disease-Mimicking Myocardial Bridging

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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.