

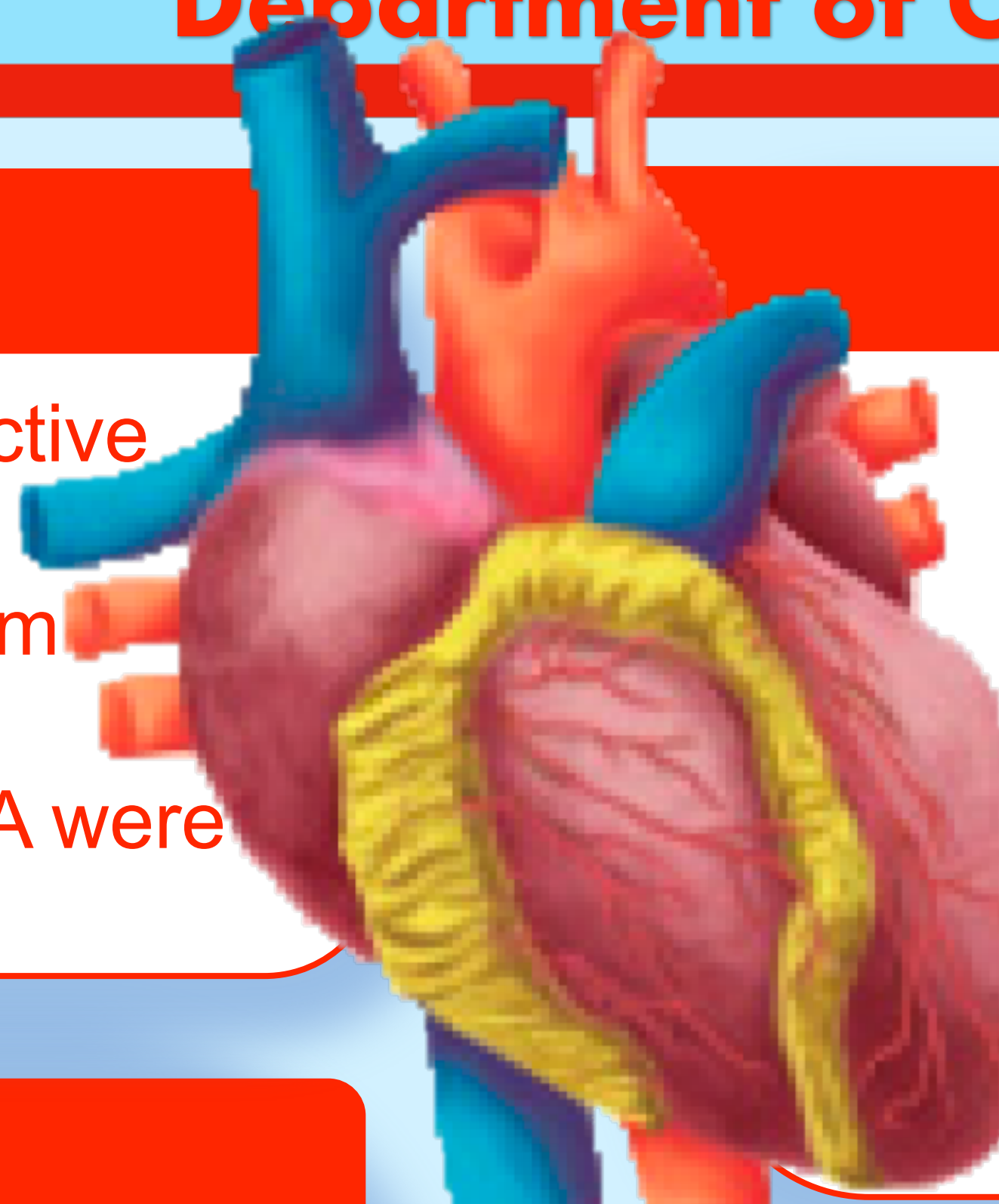
PAROXYSMAL THYROTOXICOSIS GRAVIDARUM- INDUCED CORONARY VASOSPASM RESULTING TO MINOCA

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OBJECTIVE

Myocardial Infarction With Non-Obstructive Coronary Arteries(**MINOCA**), as a complication of hyperemesis gravidarum

- ❖ rare and data are lacking.
- ❖ risk factors typically seen in MINOCA were not encountered in this case.



DISCUSSION

Hyperemesis Gravidarum

- ❖ common problem of an obstetrician
- ❖ due to the increasing serum pregnancy hormones which include human chorionic gonadotropin and thyroxine

Only 2% of cases of coronary vasospasm occur during pregnancy.

Coronary artery spasm, a cause of MINOCA was encountered in this patient.

The risk factors of MINOCA:

- ❖ Were NOT encountered in this patient.
- Data on the prevalence of MINOCA in a pregnant patient are lacking.

Drives the point: Look for the causes and complications of Hyperemesis Gravidarum.

CONCLUSION

In patients with Hyperemesis Gravidarum and Hyperthyroidism the possibility of Acute Myocardial Infarction in pregnancy may occur, although rare MINOCA must be considered.

CASE REPORT

A 24-year-old female, IVF pregnancy 10th week AOG, came in for dyspnea and chest pain associated with nausea and vomiting.

- ❖ managed as a case of Hyperemesis Gravidarum
 - ❖ Laboratory: electrolyte imbalance and **hyperthyroidism**
- 2nd hospital day: sudden onset of chest discomfort and dyspnea, stable vital signs.
- ❖ Troponin and creatine kinase-MB: elevated
 - ❖ Doppler echo: Myocardial Infarction
 - ❖ 13 Lead ECG: sinus arrhythmia, acute inferior and posterior wall myocardial infarction - antithrombotic medications given
 - ❖ Coronary angiogram: Patent coronary arteries, MINOCA with coronary vasospasm.
 - ❖ Patient improved and was discharged.
 - ❖ Patient at 39 weeks underwent Cesarean Section for an obstetrical reason.

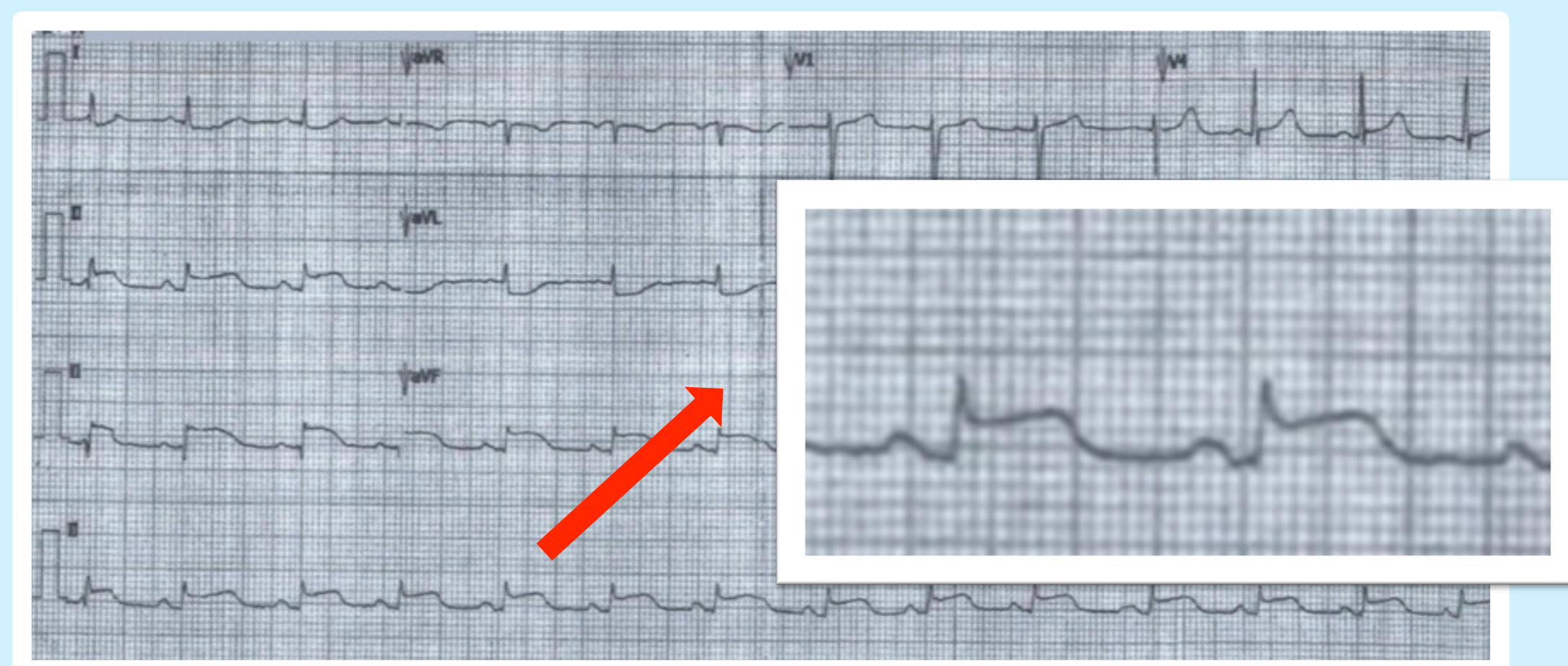
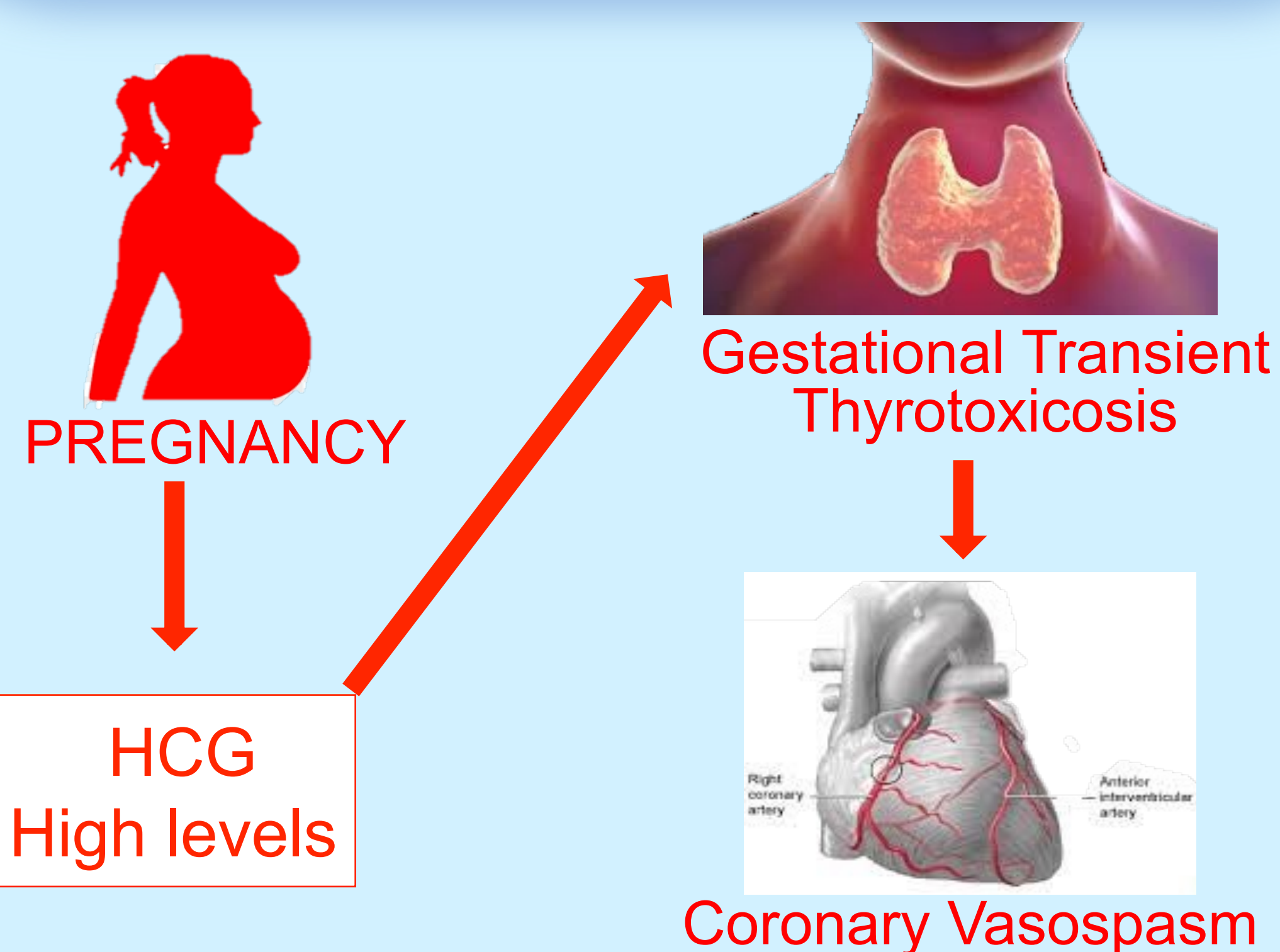


Figure 1. 13L ECG taken 3 hours after onset of symptoms.

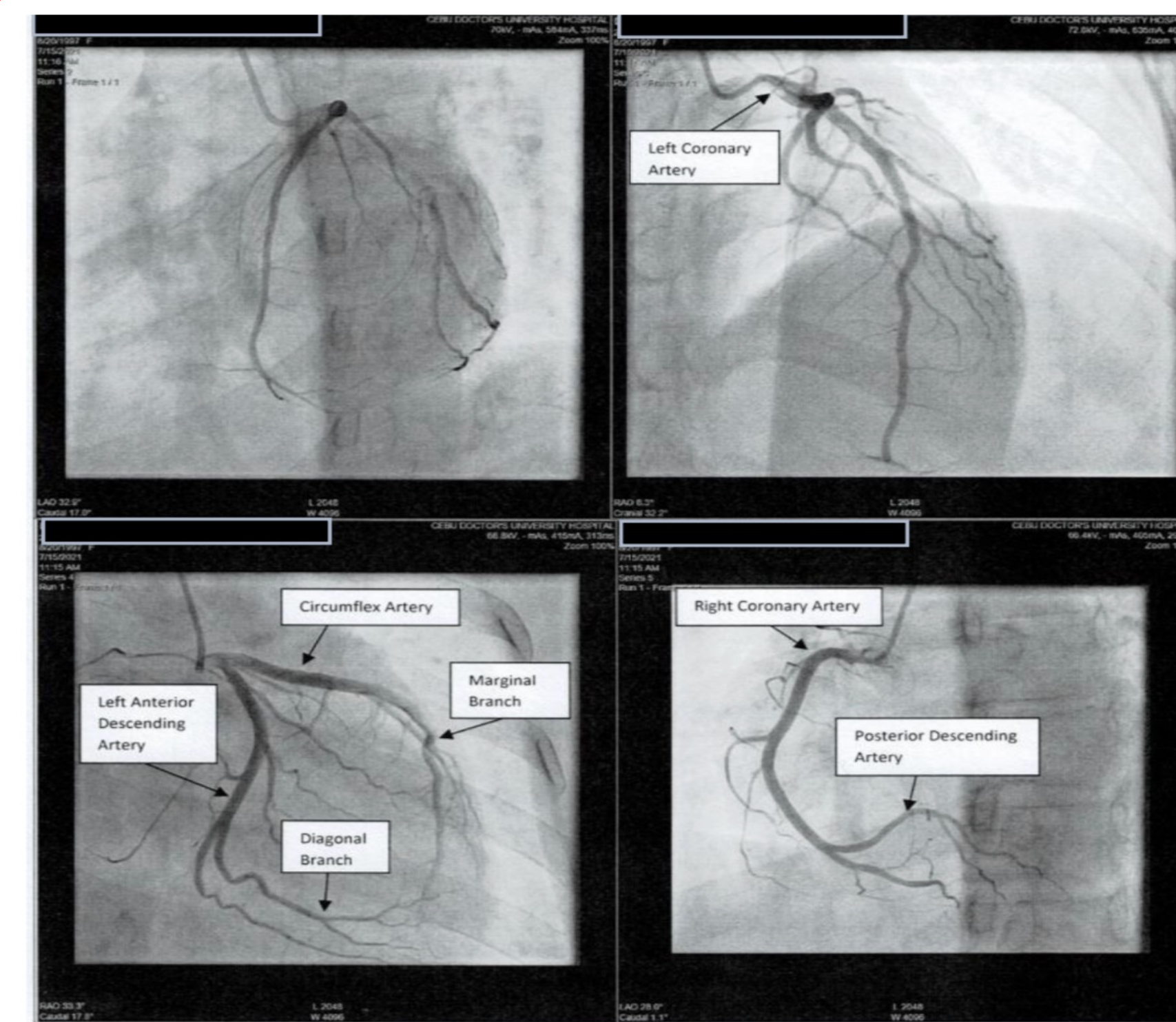


Figure 2. Coronary Angiogram: Widely patent coronary arteries, MINOCA with coronary vasospasm and coronary microvascular disease.

REFERENCES

1. **Cunningham, F. Gary, et al.** *Williams Obstetrics - 25th Edition*. s.l. : McGraw-Hill Education, 2018.
2. *Acute Myocardial Infarction iN Pregnancy: Spasm Caused byHyperthyroidism?* **Wang, Ling Qing, et al.** 2019, Journal of International Medical Research, Vol. 47, p. 5.
3. *Pathophysiology, Diagnosis and Management of MINOCA: An Update.* **Scalone, et al** 2019, European Heart Journal, Acute Cardiovascular Care, p. 9.

Mechanism-targeted MINOCA treatment

Coronary spasm

Calcium Channel Blocker,
Nitrates, Avoid beta-blocker

Hyperthyroidism:
Thyrotoxicosis

Treat underlying disease

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Case Report