

A concurrent presentation of nonspecific colitis as well as likely myocarditis

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ABSTRACT

An ST-segment elevation myocardial infarction represents a time-sensitive cardiac pathology with utmost importance placed upon timely coronary angiography with percutaneous coronary intervention. While emphasis is placed on atherosclerotic or thrombotic coronary occlusion, it is important to recognize other etiologies which may present in a similar fashion. This case demonstrates a 71-year-old female patient with prior coronary artery disease and stenting who presented with acute abdominal pain and elevated cardiac biomarkers as well as ST-segment elevation on initial EKG. Coronary angiography revealed only mild to moderate coronary lesions and patent stents while echocardiography was essential unchanged from

prior evaluation. Computed tomography of the abdomen would show findings suggestive of infectious colitis and empiric antibiotics led to full resolution of symptoms. While no definitive cause for her cardiac manifestations was discovered, the authors propose coronary vasospasm or myopericarditis as likely etiologies in response to an overwhelming inflammatory state. The case underscores the importance of formulating a comprehensive differential diagnosis during the initial workup of a ST-segment elevation myocardial infarction.

Keywords: colitis, myocarditis, ST segment elevation, coronary vasospasm

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