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CMEArticle

Clinics in diagnostic imaging (189)

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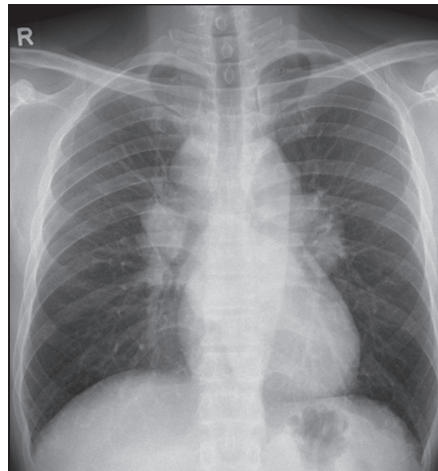

Fig. 1 Frontal chest radiograph of the patient taken at the time of presentation.

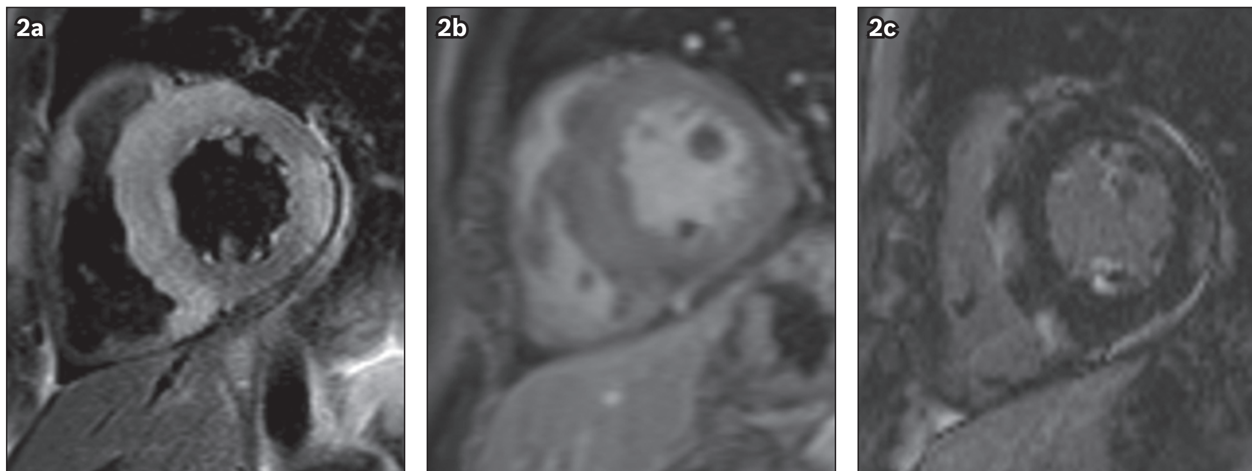

Fig. 2 Short-axis (a) T2-W, (b) early contrast-enhanced and (c) late gadolinium enhancement (LGE) MR images.

CASE PRESENTATION

A 44-year-old man presented to the emergency department with breathlessness and a history of intermittent episodes of palpitation for the past one year, which had increased in frequency to almost every day (2–3 times per day) over the last two weeks. Each episode lasted for about 10–15 minutes. The first electrocardiogram (ECG) showed features of right bundle branch block, followed by subsequent ventricular tachycardia. The patient was started on verapamil and amiodarone, and was given 150 joules of electrical cardioversion. His troponin T and creatine kinase levels were high at 175.4 (0–14.0) pg/mL and 666 (24–200) U/L, respectively. Echocardiogram showed concentric left ventricular (LV) hypertrophy with hypokinetic wall motion and LV systolic dysfunction. What do the chest radiograph (Fig. 1) and cardiac magnetic resonance (CMR) images (Fig. 2) show? What is the diagnosis?

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