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CARDIOVASCULAR FLASHLIGHT

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Frightening ST-segment elevation

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A 69-year-old woman was referred to our department for an acute chest pain associated with a circumferential frightening ST-segment elevation on 12-lead electrocardiogram (Panel A) and increased level of troponin I at 37 ng/mL ($N < 0.10$ ng/mL). Coronary angiography was normal and there were no electrolytic disturbances.

The patient was just diagnosed having an extra nasal T/natural killer cell (T/NK) lymphoma with pulmonary, jejunal and colic metastasis. Jejunal biopsy showed necrotizing vasculitis with perivascular lymphocytic infiltration (Panel B).

Cardiac magnetic resonance imaging (MRI) revealed apicolateral mid-myocardial delayed contrast enhancement sparing the subendocardium on T1-weighted inversion recovery sequences after gadolinium injection (Panel C, arrow). Cine-MRI showed, as transthoracic echocardiography previously did, an apicolateral hypokinesia with severely depressed left ventricular ejection fraction at 25%.

Despite chemotherapy and before myocardial biopsy could be done, the patient died.

Two diagnoses can be hypothesized: a myocardial localization of T/NK lymphoma or a myocardial neoplastic necrotizing vasculitis.

