

中文題目：以急性心肌梗塞為初始表現的卵巢惡性腫瘤

英文題目：Acute myocardial infarction in association with an occult ovarian cancer

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## Abstract

Acute myocardial infarction is usually caused by acute rupture of an atheromatous plaque in the coronary arteries. For patients without risk factors or angiographic characters of atherosclerosis, other causes should be considered, such as coronary artery spasm, embolism, and in-situ thrombosis. Here we reported a 47 year-old woman presented to our emergency department with due to sudden onset and progressive anterior chest pain for 12 hours. She was admitted to CCU due to suspected acute coronary syndrome according to her symptoms, elevated cardiac enzymes and ST-T change on ECG (T wave inversion and borderline ST elevation over V2-4). Further coronary angiography disclosed a filling defect in the distal segment of left anterior descending artery without any other luminal irregularity or stenosis. No any traditional risk factor of atherosclerosis had been identified from this patient. Just one week after discharge from our ward, another episode of extensive deep vein thrombosis over left popliteal vein and superficial veins occurred. There' s still no any hypercoagulable factor was confirmed by history review and further laboratory studies. Because of clustering of arterial and venous thrombosis in a short period without identified etiologies, extensive surveys including for occult malignancy were undergone. An occult but advanced ovarian cancer was finally disclosed by serial studies including tumor marker, CT scan and surgical exploratory laparotomy. For patients without clinical evidences of atherosclerosis, unusual underlying causes of acute myocardial infarction should be comprehensively investigated, such as a malignancy-related hypercoagulable state.