

A case presenting with myocardial ischemia-like electrocardiogram findings after laryngopharyngoesophagectomy

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Laryngopharyngoesophagectomy and reconstruction by using stomach roll with retrocardiac anastomosis were performed in a 60-year-old man with hypopharyngeal cancer. Postoperative electrocardiogram showed marked ST-segment elevation in leads I and aV_L and depression in leads II, III, aV_F, and V₁₋₆. However, the patient did not present with abnormal findings on physical examination and vital signs were normal. Further, the laboratory data were normal. Echocardiography was a poor technique, but the stomach roll was observed to be expanded due to wall edema with exudates and exerted pressure on the posterior side of the heart. These findings were also ascertained by contrast-enhanced chest computed tomography scanning. Technetium-99m-tetrofosmin myocardial scintigraphy clearly showed that coronary blood perfusion and left ventricular wall motion were quite normal. The characteristic electrocardiogram returned to a near-normal state, and the expanded stomach roll shrank back to its ordinary size after one week. Coronary angiography showed neither organic stenoses nor vasospasm. The physical pressure of the expanded stomach roll might have influenced the electrocardiogram findings.

Key words: pseudomyocardial infarction, esophagectomy, electrocardiography, technetium-99m-tetrofosmin