MINOCA: Role of Imaging and Physiology

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Disclosures

None



Objectives

- Discuss the definition of MINOCA
- Understand the diagnostic algorithm
- Detail the clinical implications
- Recognize the importance of imaging and physiology in MINOCA



Definition: MINOCA

- Acute myocardial infarction (rise and fall of cTn with at least 1 value above the 99th percentile upper reference limit)
- Non-obstructive coronary arteries on angiography
- No specific alternative diagnosis



Epidemiology: MINOCA

- Prevalence about 5-15%
- Younger (late 50s v early 60s)
- Women (close to 50% v 25% in AMI)
- Decreased likelihood to have traditional risk factors



57-year-old woman with hypertension and tobacco use presented with midsternal chest pain. Associated symptoms: dyspnea, nausea, and vomiting.

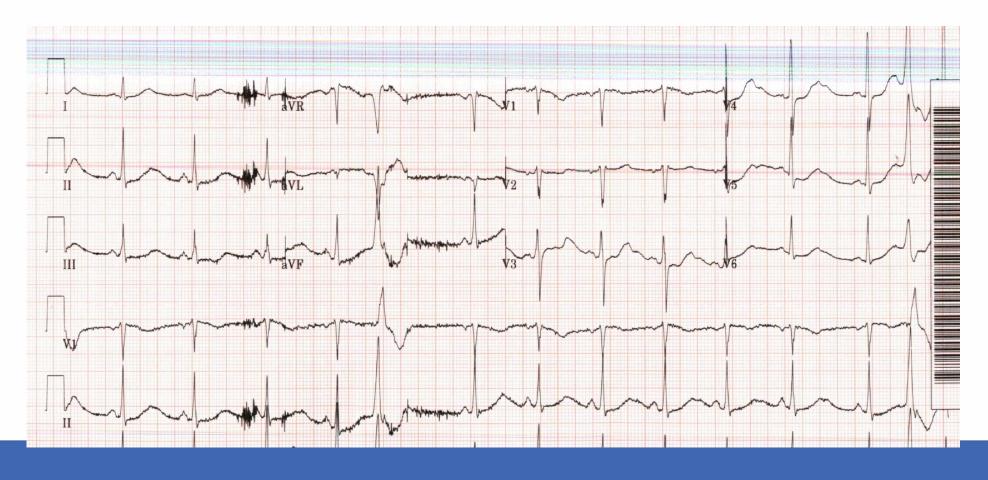
Medical History:

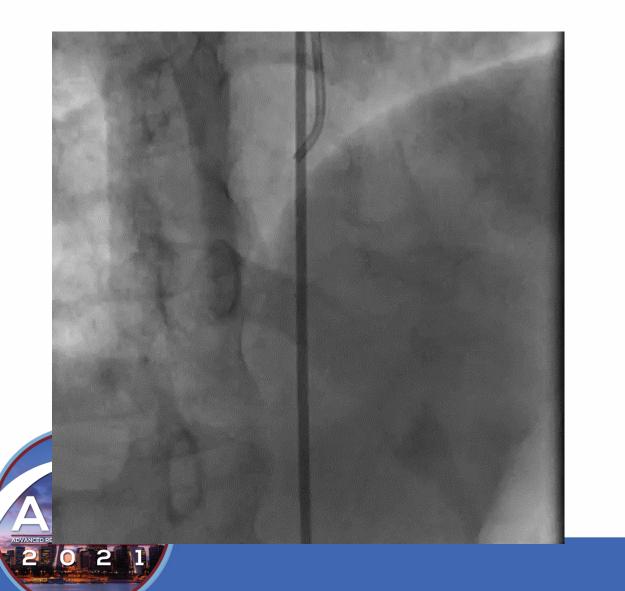
- Hypertension
- Tobacco Use

Medications:

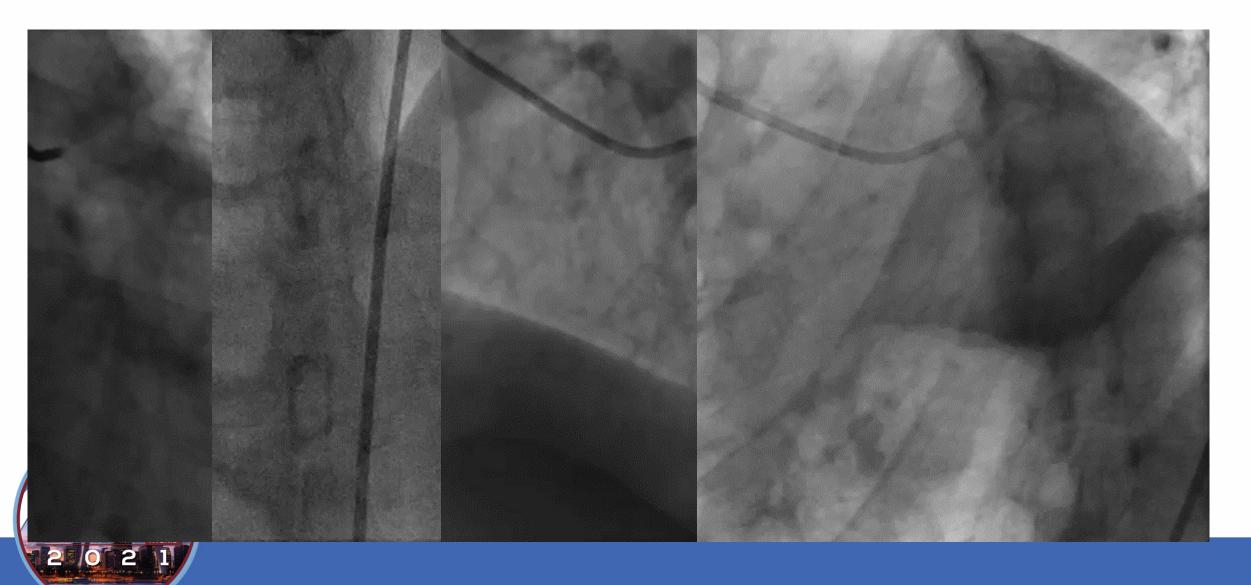
Amlodipine







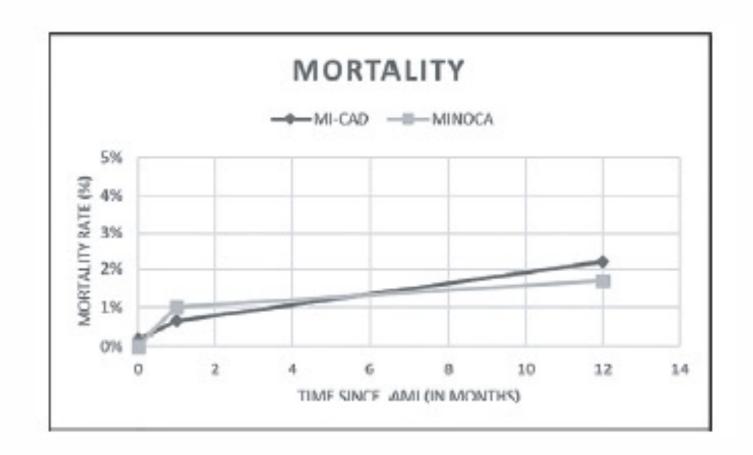




How would you approach this patient?

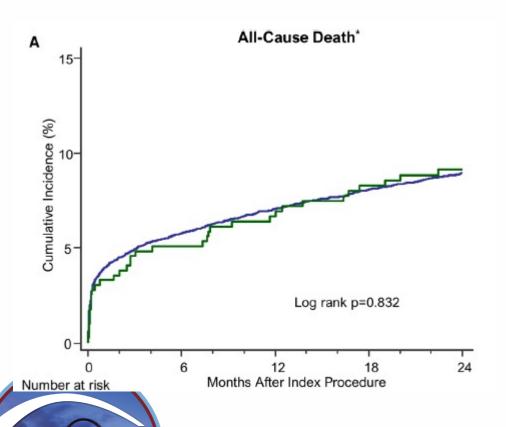


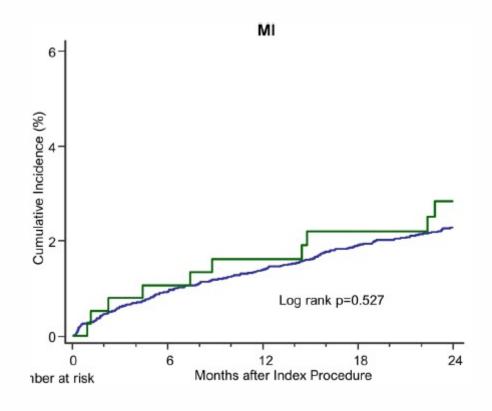
Clinical Importance: MINOCA



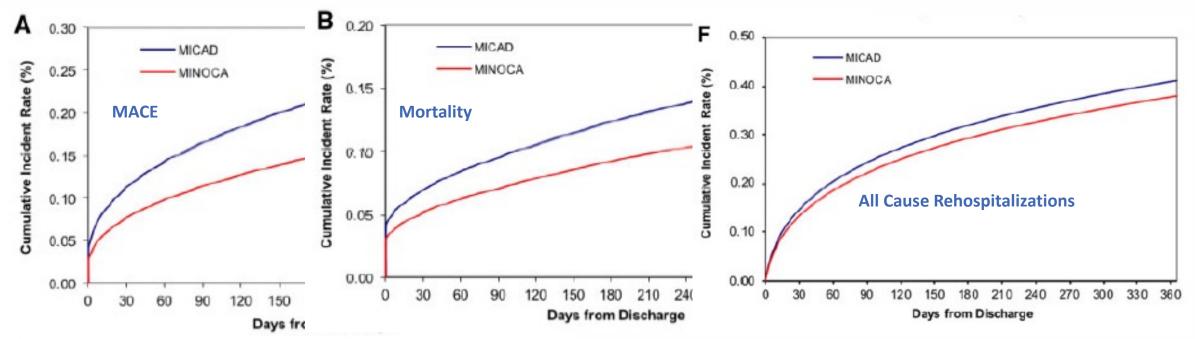


Clinical Importance: MINOCA



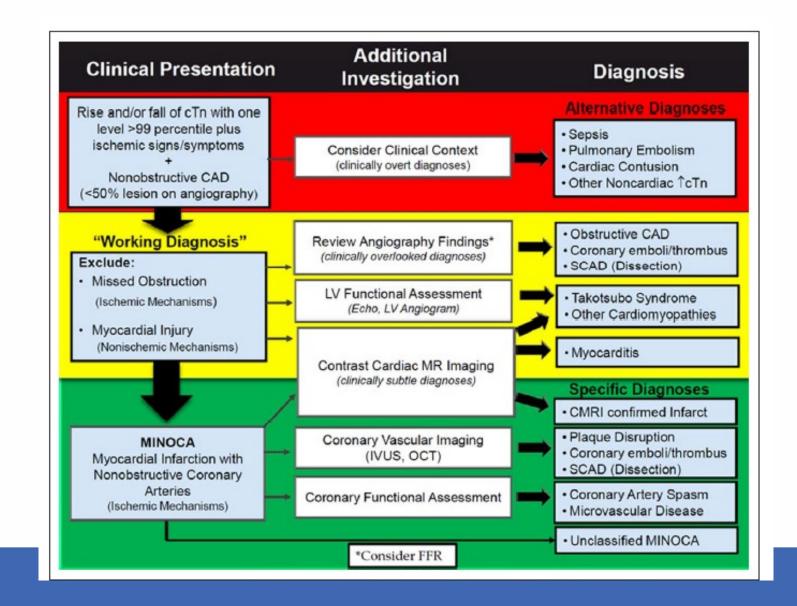


Clinical Importance: MINOCA





Diagnostic Algorithm: MINOCA





Plaque Erosion or Rupture: MINOCA

How often does this happen?

A. 10%

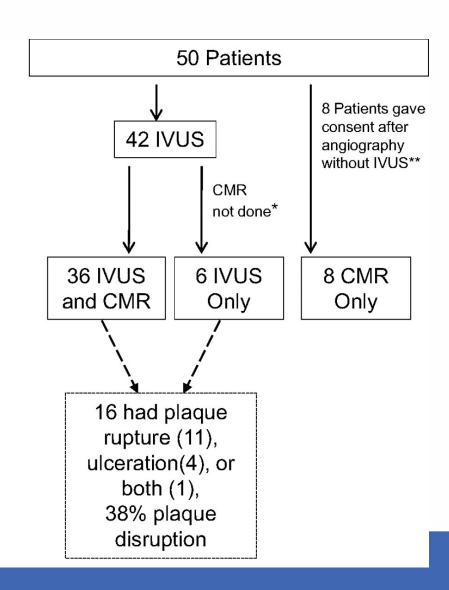
B. 33%

C. 66%

D. 80%

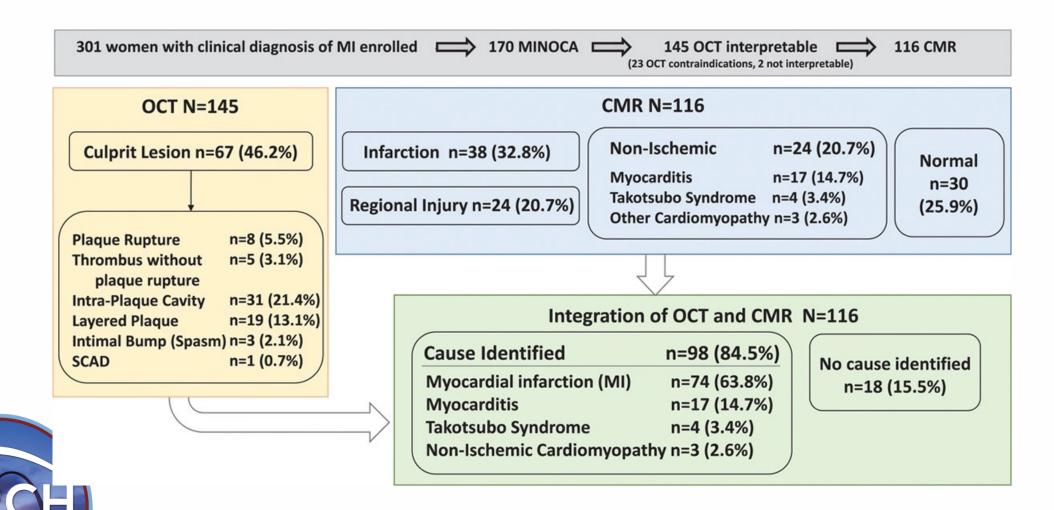


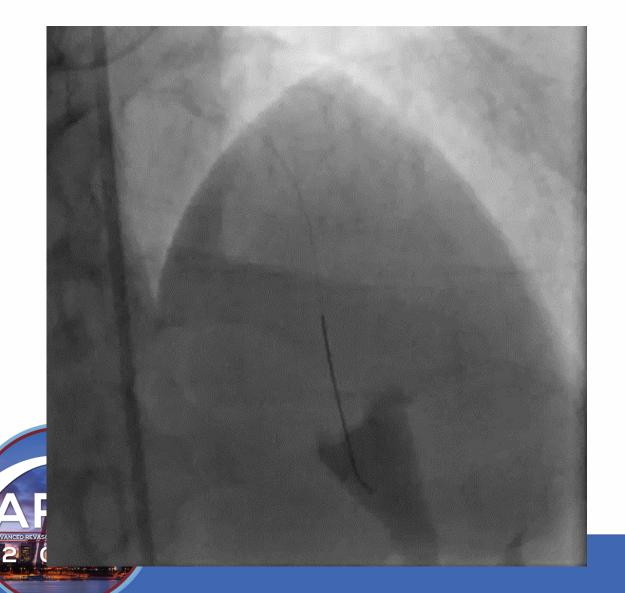
Plaque Erosion or Rupture: MINOCA



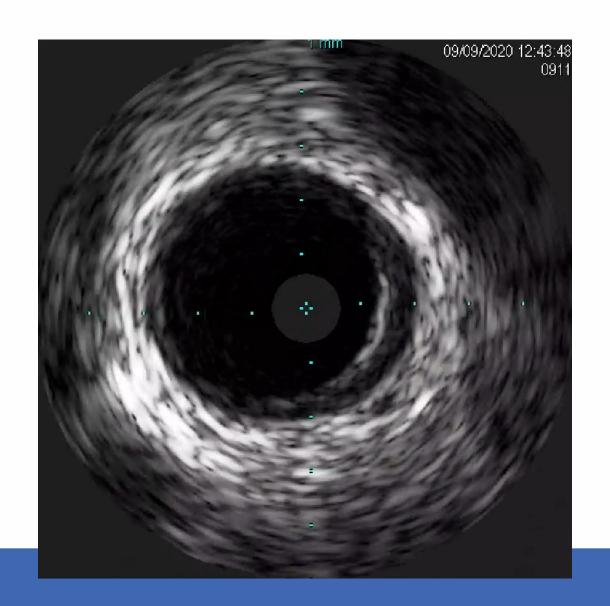


Plaque Erosion or Rupture: MINOCA

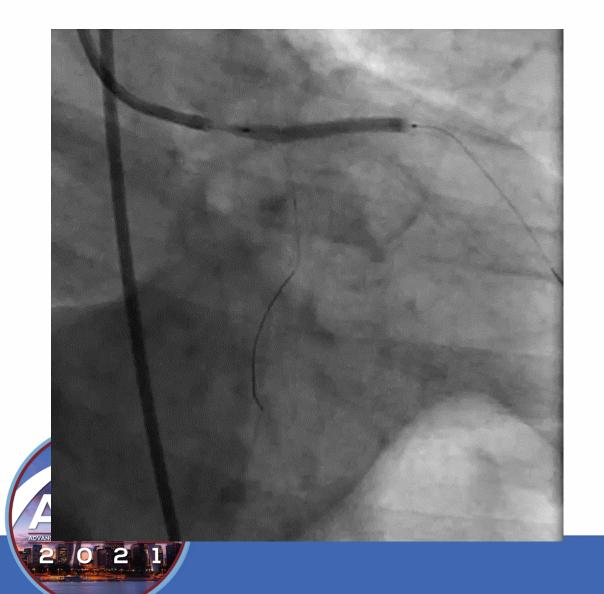


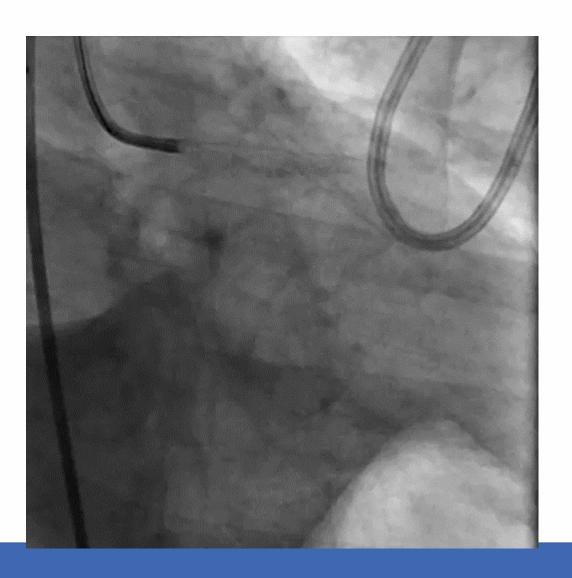












56-year-old woman with hypertension presented with intermittent chest pain. Associated symptoms: nausea, diaphoresis, dyspnea.

Medical History:

Hypertension

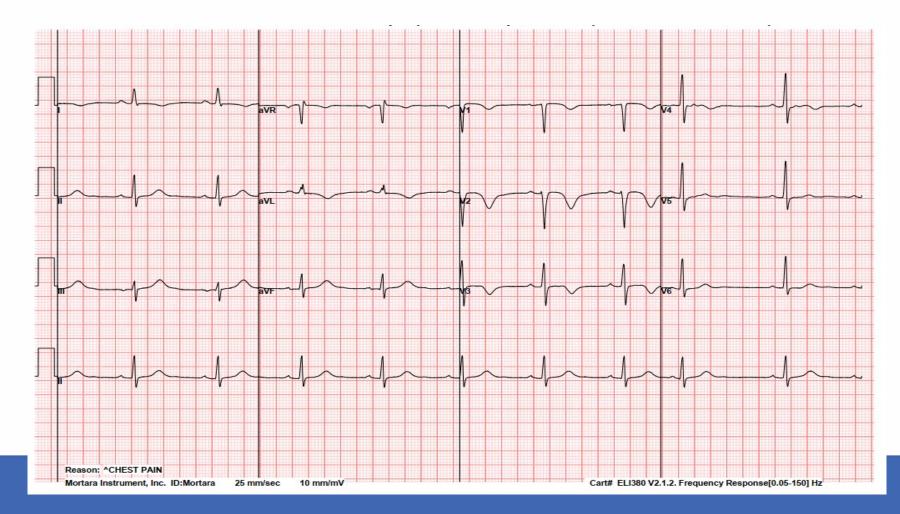
Medications:

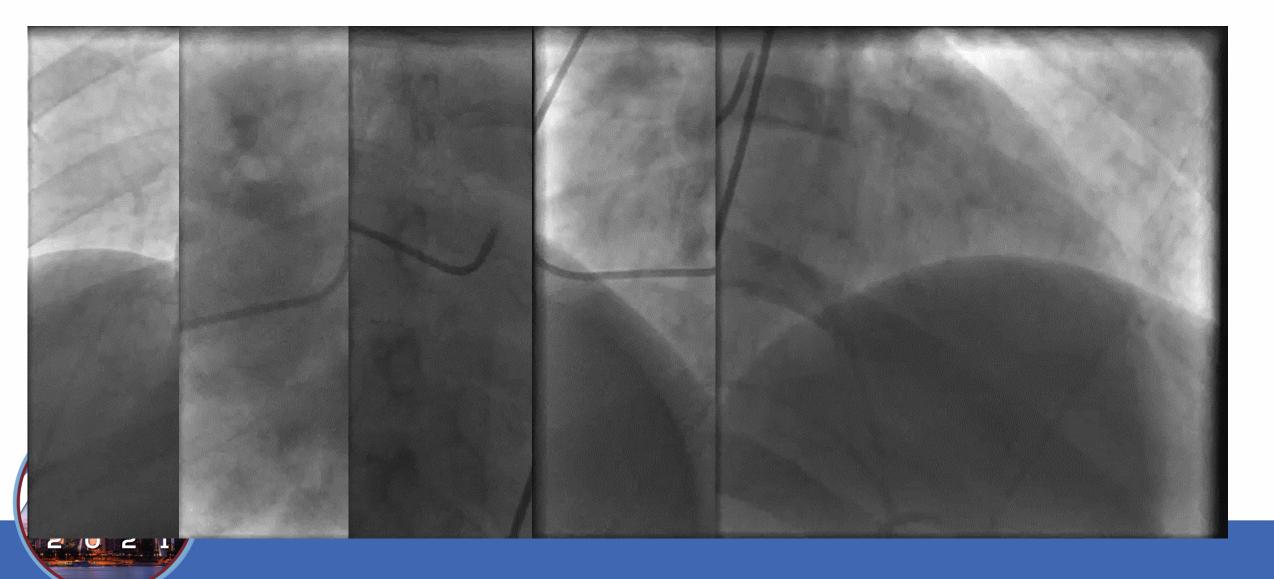
Amlodipine

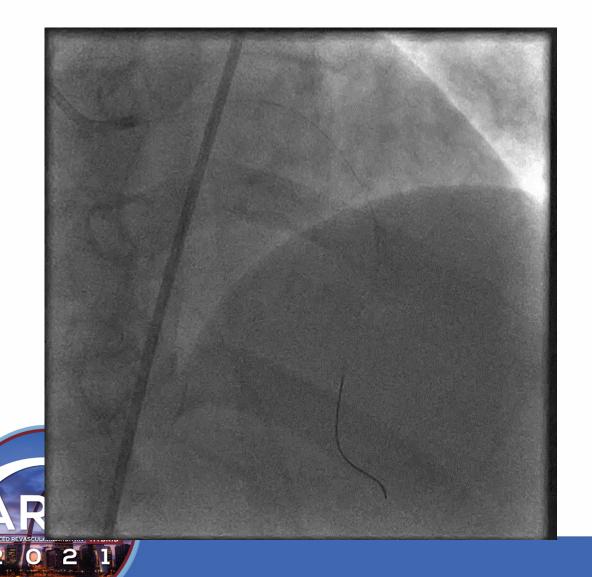
Family History:

Premature CAD

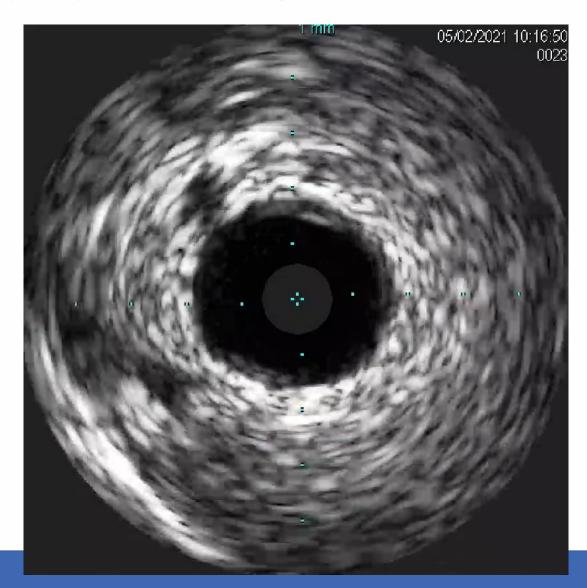








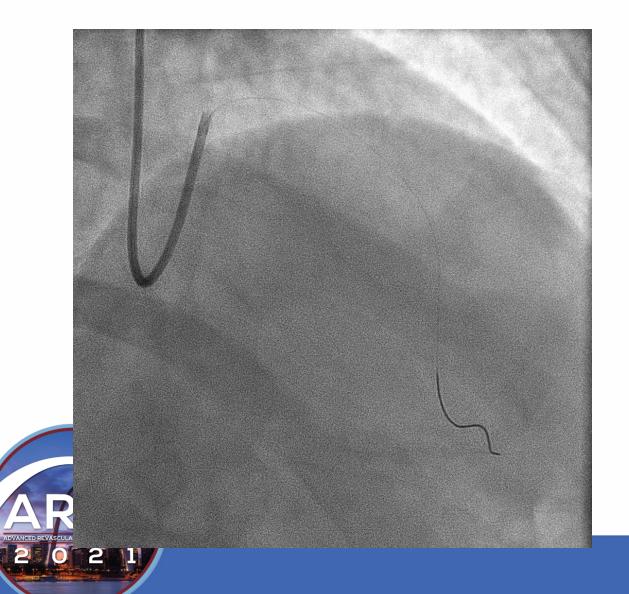


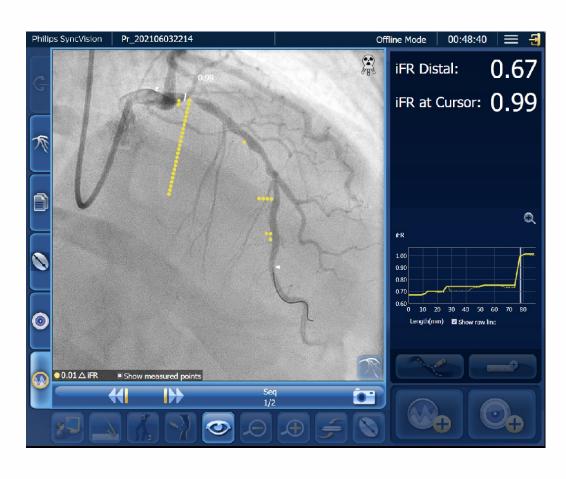


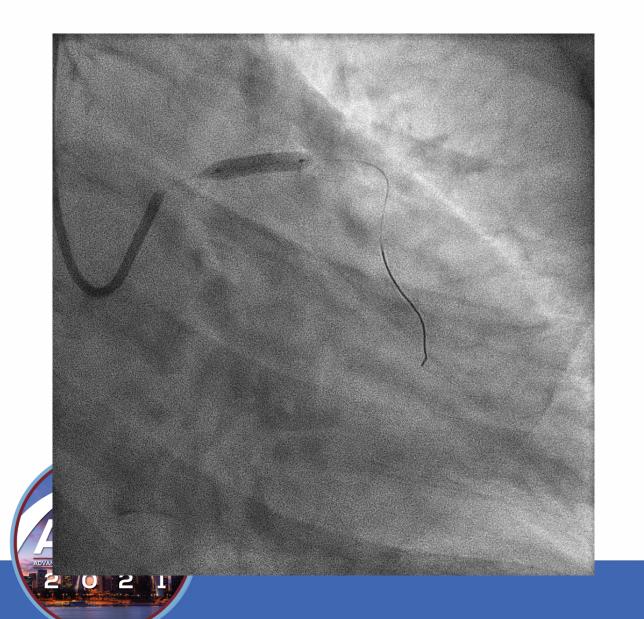


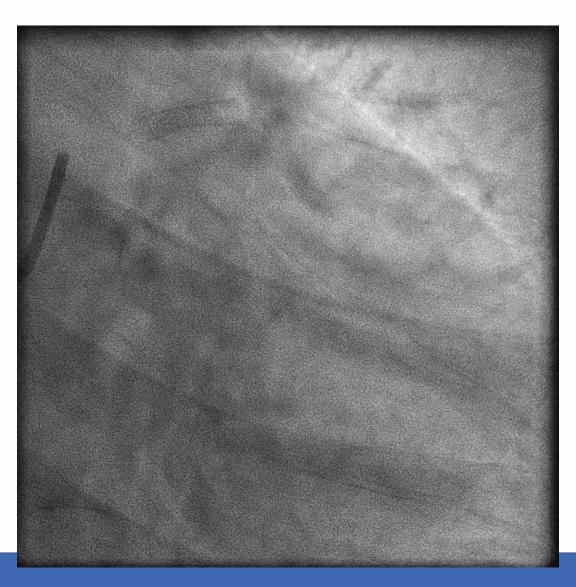
- Patient discharged on medical management
- Continues to have intermittent anginal pain
- Referred to us for evaluation within a month of her prior angiogram











Management: MINOCA

- Depending on underlying etiology adequate workup is important
- Statins, RAS inhibitors, and beta-blockade has shown to be beneficial in multiple studies



Conclusion: MINOCA

- Outcomes for patients with MINOCA are not benign, at times comparable those with MICAD
- 1/3 to 2/3 of patients with MINOCA can have plaque rupture/erosion as the etiology of their presentation
- Imaging and Physiology is key in identifying these patients (Learn it and do it right!)

