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Observational Study

Risk of ventricular arrhythmia in patients with myocardial infarction and non-obstructive coronary arteries and normal ejection fraction

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Abstract

AIM

This study sought to assess the arrhythmic determinants and prognosis of patients presenting with MINOCA with normal EF.

METHODS

This is an observational analysis of 131 MINOCA patients with normal EF. Three CMR diagnosis classes were recognized according to the late gadolinium enhancement (LGE) pattern: myocardial infarction (MI) (n=34), myocarditis (n=47), and "no LGE" (n=50). Ventricular events occurring during hospitalization were recorded and the entire population was followed-up at 1 year.

RESULTS

Ventricular arrhythmia was observed in 18 (13.8%) patients during hospitalization. The "no LGE" patients experienced fewer ventricular events than the MI and myocarditis patients (4.0% vs 26.5% and 14.9%, respectively [$p=0.013$]). There was no

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