

# 59-year old man Caucasian (Finnish)

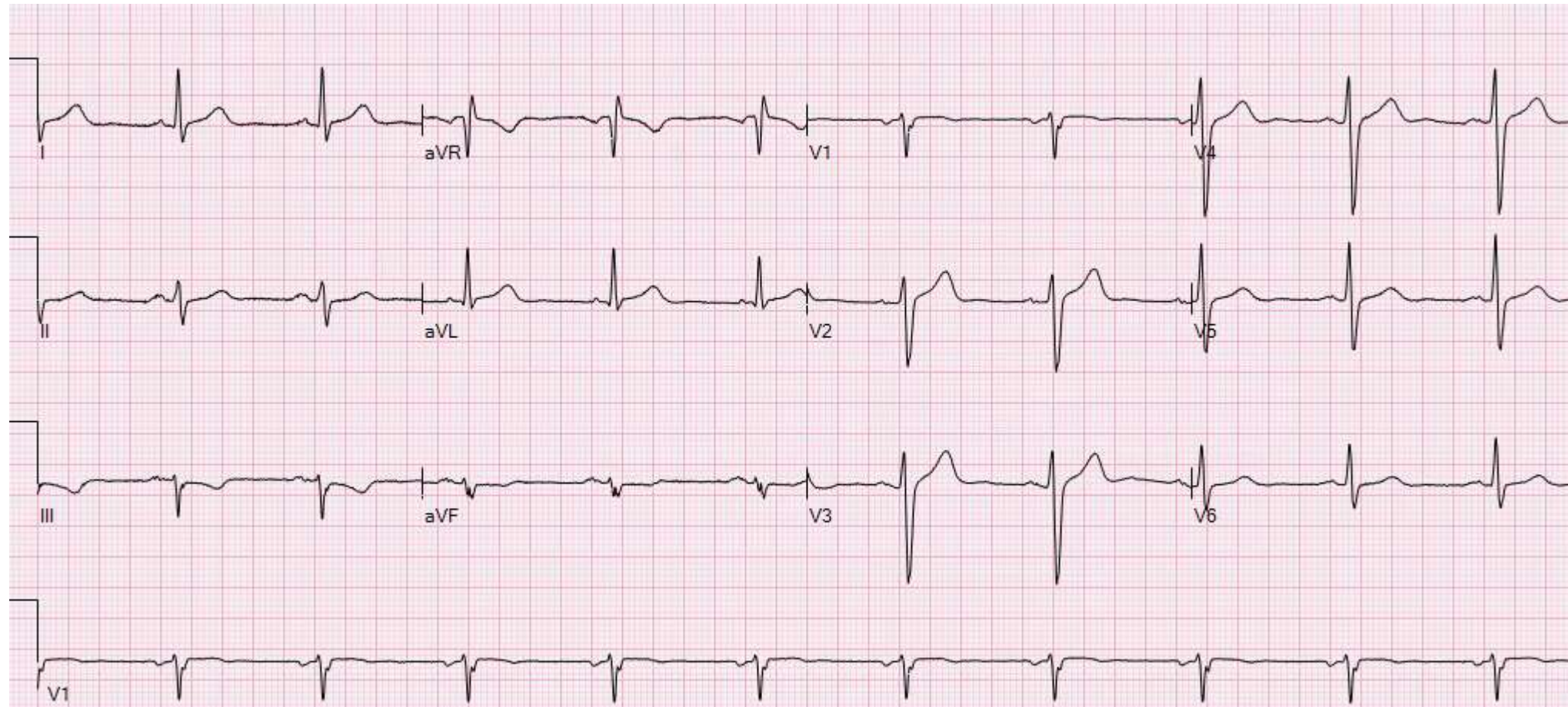
Hypertension, dyslipidemia

Intermittent palpitations since many years

Positive heredity for coronary artery disease

# ECG: possibly LAFB and partial RBBB

Ventricular, atrial rate:	63	63	bpm
PR, QRS:	154	112	ms
QT, QTc:	420	429	ms
PRT Axis:	49	-32	-1 °



# Holter and stress test

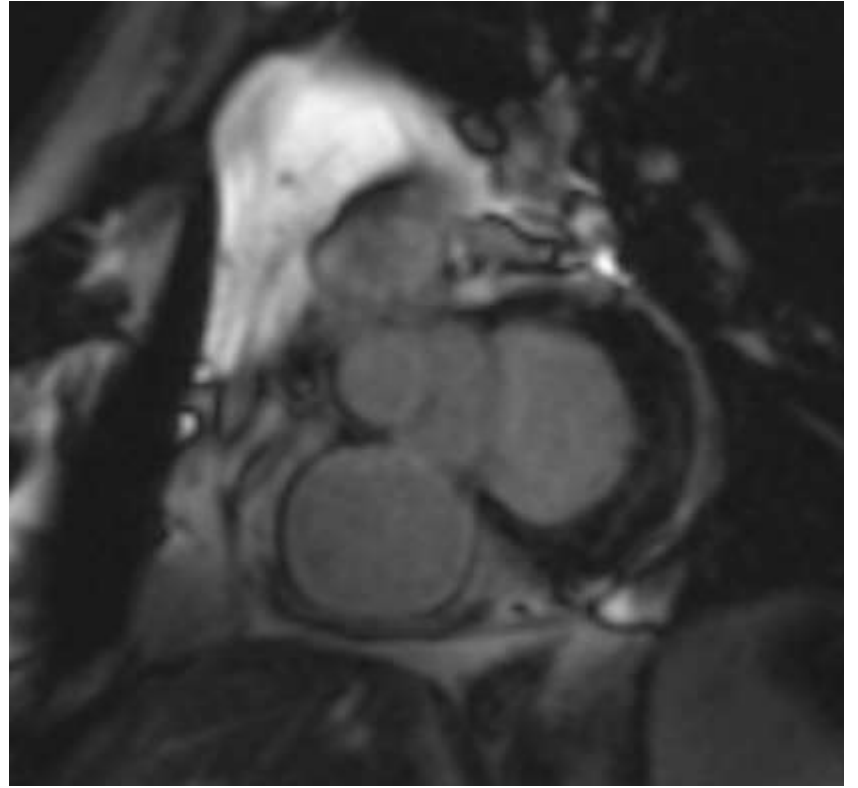
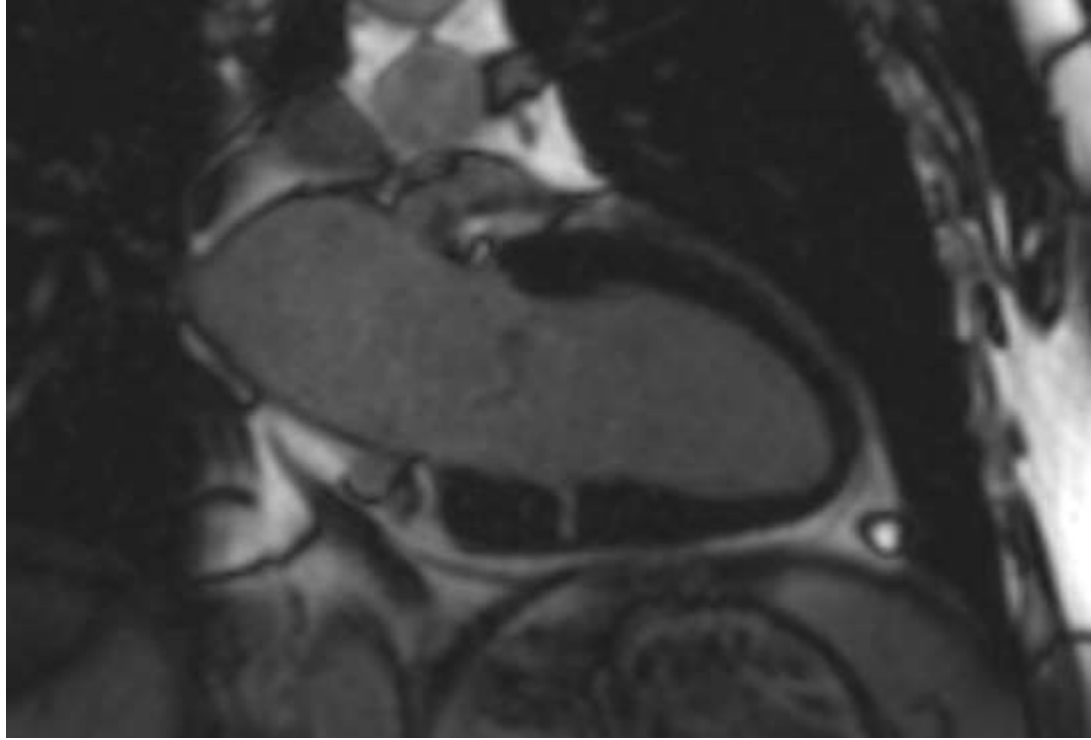
- Holter is normal
- Stress test:
  - Max. heart rate 154/min
  - Normal performance (200 watts), normal blood pressure response
  - At the end of the exercise 4-5 ventricular ectopics (symptomatic)
    - We don't have the stress protocol and therefore we don't know the morphology of the effort-induced ventricular ectopic beats

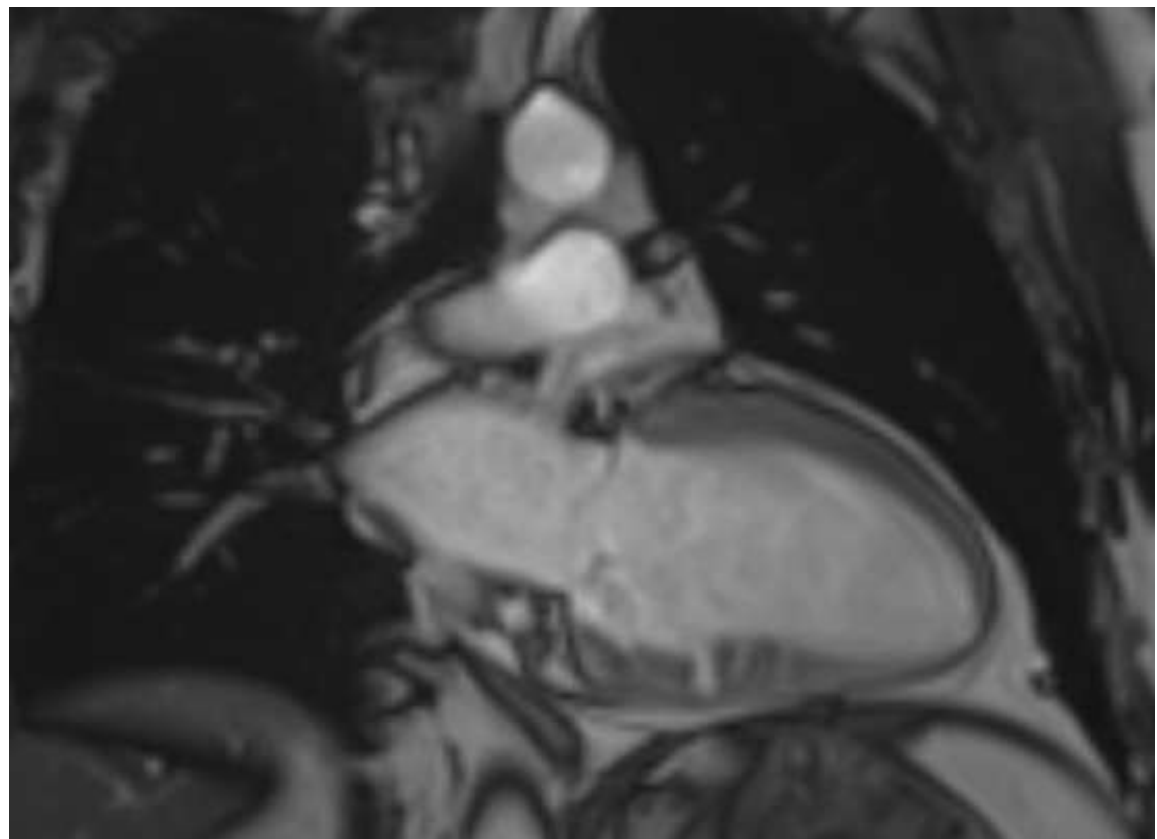
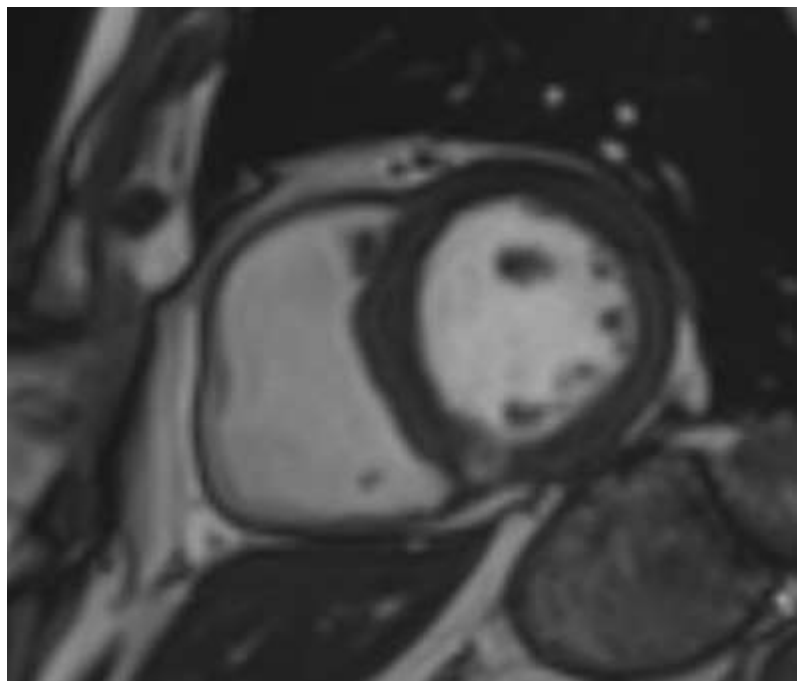
# Echocardiography

- RV normal, RV pressure normal
- No valvular disease
- Mild hypertrophy in the LV (max. 13 mm)
- LVEDD 51 mm
- EF >60%

# Cardiac MRI

- Mild hypertrophy (septum 14 mm, PW 13 mm)
- In the posterior wall of the LV there are 3 prominent trabeculae, not a typical location for trabeculated cardiomyopathy (non-compaction)
- Late enhancement (gadolinium):
  - Not in the area with prominent trabeculae
  - Midwall late enhancement in the basal part of the lateral wall, also anteroseptal , but the late enhancement does correlate with the wall hypertrophy





# Comments

- The MI findings are compatible with Chagas disease
- At the moment, we don't know about possible travel history to Latin America or the USA
- My question is: do you think that we have to consider Chagas?