**LATE PRESENTATION OF ANTERIOR WALL STEMI WITH RIGHT VENTRICULAR WALL RUPTURE IN AN ELHERS-DANLOS SYNDROME PATIENT**

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**Background:** We present an unusual case of anterior wall myocardial infarction (MI) with Right Ventricular (RV) rupture and apical ballooning in a patient with Ehlers-Danlos Syndrome (EDS).

**Case:** 73-year-old male with history of EDS (type 4) presented to an outside hospital after a syncopal episode while driving. He was hypotensive and was started on fluids and pressors. EKG showed ST elevation in leads V2 and V3 and he was taken for cardiac catheterization, which showed diffuse non-obstructive lesion on left anterior descending artery (70%). Left ventriculogram showed apical ballooning and no dissection was noted on aortogram. Intra-aortic balloon pump was placed for hemodynamic support. Echocardiogram showed akinesis of apical segments and pericardial effusion. He underwent urgent exploratory sternotomy and was found to have RV free wall rupture with hemopericardium, which was drained and repaired. The left ventricular (LV) free wall was noted to be pale intraoperatively and cardiac MRI showed biventricular dysfunction, LV ejection fraction of 16%, new LV apical thrombus and a large scar in the LV free wall. The patient was evaluated for advanced mechanical support therapy, but his course was complicated by ventricular fibrillation arrest, and he expired after the family chose to withdraw care.

**Decision‐making:** This is an unusual case of anterior wall MI complicated by RV rupture in a patient with connective tissue disease. Having a low threshold of suspicion for structural complications, i.e. ventricular rupture, in such patients is important and early echocardiogram and cardiac catheterization are key in the risk-stratification, diagnosis and treatment.

**Conclusion:** In patients with connective tissue disorders, who present with acute coronary syndrome (ACS), it is important to do early risk stratification for structural abnormalties including ventricular rupture in addition to evaluation for aortic root rupture, aneurysm and dissection.