Left ventricular apical ballooning mimicking proximal left anterior descending coronary artery ischemia has been described in patients with acute coronary syndrome-like presentations but without obstructive atherosclerosis. We describe a case of exercise-induced left ventricular apical ballooning in a 42-year-old female with exertional chest pain; invasive angiography showed nonobstructive plaque in the proximal left anterior descending artery confirmed by intravascular ultrasonography. A novel system for treadmill stress cardiac magnetic resonance with electrocardiographic monitoring and free-breathing cine and perfusion imaging (1) demonstrated apical ballooning and corresponding perfusion abnormality not present at rest (Figure, Online Videos 1 and 2). The patient’s exertional angina has improved with nitrate, beta-blockade, and calcium-channel blockade therapies. To our knowledge, this is the first demonstration of reversible apical ballooning with exercise stress cardiac magnetic resonance.

**REFERENCE**