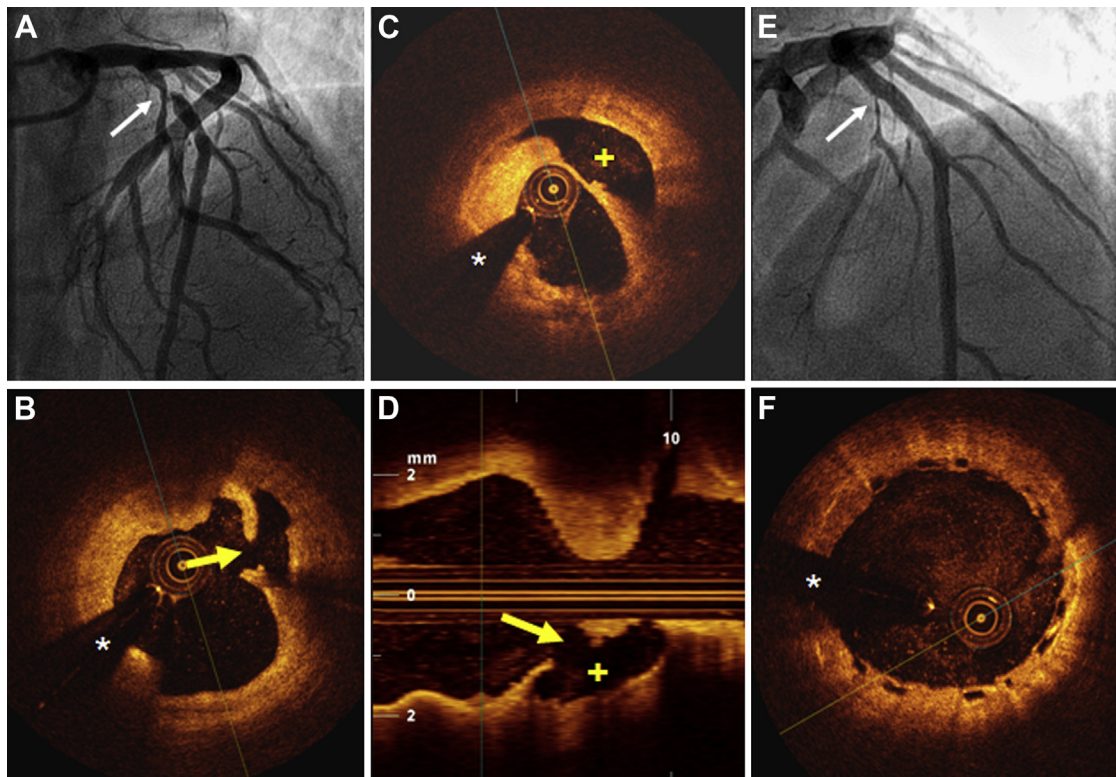


IMAGES IN CARDIOLOGY

Bikram Yoga and Acute Myocardial Infarction



Carlos Ferrera, MD, Mauro Echavarría-Pinto, MD, Ivan Nuñez-Gil, MD, Fernando Alfonso, MD
Madrid, Spain



From Interventional Cardiology,
Cardiovascular Institute, San
Carlos University Hospital,
IdISSC, Madrid, Spain.
Manuscript received
September 30, 2013;
accepted October 17, 2013.

Bikram yoga (BY) is a specific practice, with thousands of followers over the world, that consists of a series of 26 postures performed in a heated humidified studio (1). It has been reported that exertion may be a possible trigger for plaque rupture and acute coronary syndromes (ACS) (2). We present the case of a healthy 53-year-old man without any cardiovascular risk factors who developed ACS with ST-segment elevation during a BY session. Intravenous fibrinolysis was administered with clinical success. A coronary angiogram performed the next day revealed a critical stenosis in the proximal left anterior descending artery (arrow, A). Optical coherence tomography (OCT) unraveled the presence of a ruptured plaque (arrow, B) with a residual cavity (+, C) in opposite direction to flow (D). A bioabsorbable vascular scaffold was implanted with good angiographic result (E). OCT showed a well-expanded and fully apposed device (*, F). Hospitalization was uneventful and the patient was discharged 4 days later.

REFERENCES

1. Tracy BL, Hart CE. Bikram yoga training and physical fitness in healthy young adults. *J Strength Cond Res* 2013;27:822–30.
2. Burke AP, Farb A, Malcom GT, Liang Y, Smialek JE, Virmani R. Plaque rupture and sudden death related to exertion in men with coronary artery disease. *JAMA* 1999;281:921–6.