

This article presents a case of the development of anteroinferior myocardial infarction, myomalation, apex wall rupture and hemopericardium following SARS-CoV2 infection. The clinical case. Patient T.E., 36 years old, was admitted to hospital on 15.05.2023 with the diagnosis: "New coronavirus infection of severe degree. Acute myocardial infarction". She had no complaints on admission. From the medical history: she became ill three weeks before the hospitalisation, when the weakness appeared, body temperature increased to 37.3°C. She took non-steroidal anti-inflammatory drugs with a temporary improvement. For several days the body temperature reached up to 38.4°C. In the evening of 14.05.2023 the patient noted a transient substernal discomfort at rest. 15.05.2023 — the patient's condition worsened, pressing substernal pain had appeared, that led to an ambulance call. Electrocardiogram (ECG) data: abnormal Q-wave in leads II, III, aVF and V2-V6. In the same leads there were the ST segment elevation and the inversion of the T-wave. Blood pressure (BP) — 105/76 mmHg. The NEWS2 score is 9 points. PCR test for coronavirus is positive. Chest computed tomography (CT) scan: CT evidence of viral interstitial pneumonia — CT-3 (73% of lung tissue lesions). Despite the initiated treatment, the patient died. The autopsy revealed signs of viral pneumonia. Karyolysis and the accumulation of blood between myocytes were found in the heart. The myocardium was circularly flaccid; there was a slit-shaped irregular defect with the disruption of myocardial integrity in the area of the inferior and anterolateral wall of the left ventricle (LV).

Conclusion. In the case presented, a young patient without comorbidities developed an anterior-inferior MI after SARS-CoV-2 infection. Severe complications occurred — myomalation, inferior and anterolateral LV wall ruptures and hemopericardium.