

# Japanese-Type Apical Hypertrophic Cardiomyopathy

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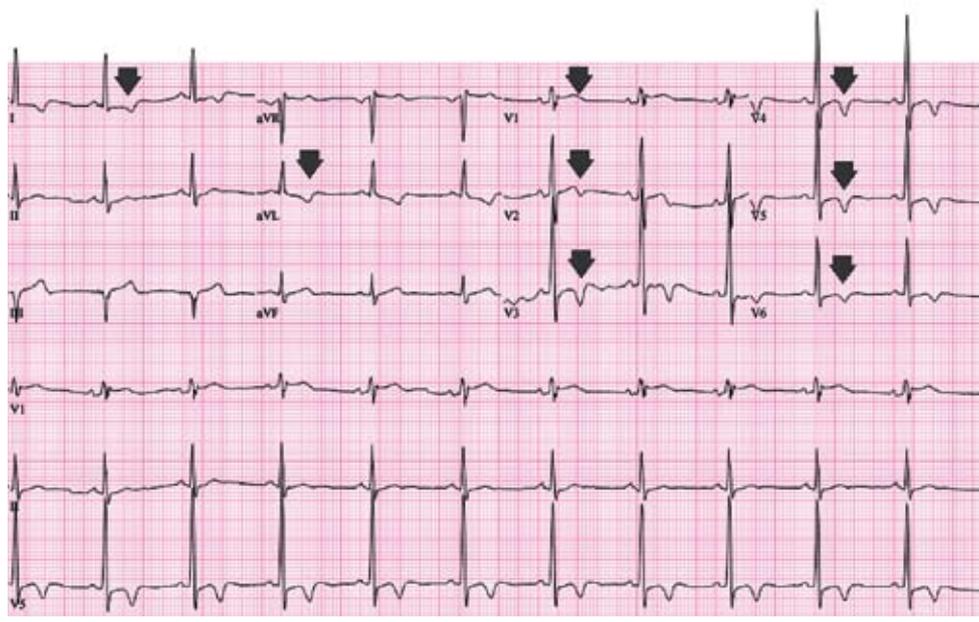
**A** 46 year old man with a history of heavy smoking and a family history of ischemic heart disease was admitted due to recurrent atypical chest pain in the previous few months that had exacerbated lately. On the day of admission,

the pain had lasted for about 3 hours, was more severe than usual and was accompanied by palpitations.

Physical examination revealed shifted point of maximal impact, absence of cardiac murmurs or additional heart sounds, and no respiratory findings or extended jugular veins. Electrocardiography [Figure, arrows] showed diffuse anterolateral and inferior T-wave inversion, 1 mm ST elevation in V1, and left ventricular hypertrophy pattern (according to Romhilt-Estes

point score system). Troponin-I test was negative, and all other blood tests were within normal range. Echocardiographic examination revealed apical hypertrophic cardiomyopathy without other anomalies. The patient refused medical treatment.

The diagnosis of apical hypertrophic cardiomyopathy is clinically challenging. Unlike classic hypertrophic cardiomyopathy, Japanese-type apical hypertrophic cardiomyopathy is usually associated with a benign prognosis.



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**“If we have no peace it is because we have forgotten that we belong to each other”**

Mother Teresa (1910-1997), Albanian Roman Catholic nun, humanitarian and advocate for the poor and helpless, who founded the Missionaries of Charity in Kolkata, India in 1950. She won the Nobel Peace Prize in 1979

**“Patience is the companion of wisdom”**

St. Augustine (354-430), Algerian Berber philosopher and theologian, known also as St. Augustine of Hippo, is considered one of the most important figures in the development of Western Christianity