



**“What Lies Beneath”  
When Acute Coronary Syndrome Non ST Elevation Myocardial Infarction turns out to be the presenting symptom of Acute Myeloid Leukemia: A Case Report**

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Acute Coronary Syndrome Non- ST Elevation Myocardial Infarction (ACS-NSTEMI) primarily occurs due to a sudden decrease in the blood flow to the myocardium due to acute rupture or erosion of a plaque. It is relatively rare for ACS to be the presenting symptom of Acute Myeloid Leukemia (AML). In the review of literature, it is unclear whether AML independently contributes to the pathogenesis of myocardial infarction (MI), but pathogenetic mechanisms particularly leukostasis have been proposed. The concomitant presence of MI and AML poses a clinical dilemma, because current evidence-based antithrombotic therapies for myocardial infarction are relatively contraindicated in view of the increased risk of bleeding from AML-related thrombocytopenia, platelet dysfunction and systemic coagulopathy. The management of ACS- NSTEMI presenting with high risk features having AML is challenging because of systemic coagulopathy that increases the risk of bleeding and the administration of anticoagulant and anti-platelets can be fatal.



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