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Letter to the Editor: Critique on ‘Acute Myocardial Infarction Complicated by Death in a Young Medically Free Female: A Case Report’

Maham Mehfooz and Syed Hadi Raza Rizvi

Dear Editor,

We read with great interest the case report titled “Acute Myocardial Infarction Complicated by Death in a Young Medically Free Female: A Case Report” published in the Journal of Medicine, Law & Public Health (2025). The authors deserve appreciation for reporting such an unusual and important case. It reminds us that acute myocardial infarction (MI), though rare, can occur even in young individuals with no past medical history.

In young females, chest pain is often underestimated or misattributed to non-cardiac causes. This case underlines how age and gender bias can delay suspicion of MI, and highlights the ethical responsibility of clinicians always to rule out life-threatening conditions, even when the patient profile seems low-risk. Vigilant assessment enables timely clinical decision-making, prompt management, and reduced risk of serious complications.

Beyond individual clinical vigilance, this case highlights the importance of system-level strategies to reduce delays in diagnosing MI in young women. Implementing standardised chest pain pathways, ensuring timely access to diagnostic testing such as ECG and troponin assays and incorporating gender specific scenarios into training programs can help address bias and improve patient outcomes.

As a single case, the report cannot draw generalizable conclusions. Nonetheless, the authors could have included a discussion on how emergency protocols or triage systems may be improved to reduce delays in recognising MI in atypical patients. This would have provided readers with a broader lesson beyond the individual case.

In conclusion, this case is a valuable reminder of the unpredictable nature of acute illnesses. It highlights the need for clinicians to recognise bias,

communicate effectively with patients, and strengthen professional training to reduce the risk of misdiagnosis in young women. We commend the authors for sharing this report and suggest that future case discussions continue to emphasise clinical vigilance and professional responsibility. Thank you for considering these comments.

I. REFERENCES

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