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Takotsubo cardiomyopathy, a differential diagnosis for patients with chest pain. A case presentation

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Takotsubo cardiomyopathy (TCM), named after a round bottomed narrow-necked Japanese fishing pot used for trapping octopus, and previously described as “LV apical ballooning syndrome” is an important differential diagnosis of the acute coronary syndromes (ACS). Although it is not often reported, it is not rare; the awareness of TCM (likely) will lead to a higher reported incidence. Starting from a case report, we are presenting the features of this syndrome, and a protocol to diagnose similar cases. The diagnosis of TCM, first described in 1990 in post-menopausal Japanese women who presented ischemic-like chest pain early after an episode of acute emotional or physiologic stress patients, has important implications for clinical management at presentation and afterward. Symptoms of chest pain, ECG, echocardiography and troponin level are assessed. The presentation is with chest pain or dyspnoea after emotional or physiological stress, and ST-segment elevation on electrocardiogram and minor elevations of cardiac enzyme levels, typically less than in acute anterior STEMI. It is also characterized by normal coronary arteries, and echocardiographic regional wall motion abnormalities extending beyond a single coronary vascular bed, with a transient regional systolic dysfunction involving the LV apex and mid-ventricle with concomitant hyperkinesia of the basal LV segments. In the described case, electrocardiography shows also a prolonged QT interval; this feature is described in several other cases of Takotsubo cardiomyopathy. The cause of the syndrome remains unknown, but catecholamine-induced myocardial dysfunction, diffuse epicardial arteries spasm, and coronary microcirculation dysfunction have been proposed as underlying mechanisms. Because, the TCM is potentially life-threatening during the initial presentation, we consider that the initial clinical management of patients with TCM similar to that of patients with ACS is beneficial until diagnosis is proved otherwise. The long term-prognosis of the TCM is generally favorable. Recovery of left ventricular function is within 2-4 weeks of presentation.