

PS1.255

Broken heart

Carmen Celada Roldán(1), E Sanchez Pablo(2), C García Balsalobre(3), MS Fernández Guillén(4), M García Aroca(1), JF García García(1), M González María Dolores(4), R García Gómez(5), A Martínez Mas(5), MI Gómez López(2)

(1) Center Los Dolores, UDMPF Cartagena Mar Menor, Murcia, Spain

(2) Center Cartagena Este, UDMPF Cartagena Mar Menor(Murcia)Spain

(3) Center San Antón, UDMPF Cartagena Mar Menor, Murcia, Spain

(4) Center Mar Menor, UDMPF Cartagena Mar Menor, Murcia, Spain

(5) Center Barrio Peral, UDMPF Cartagena Mar Menor, Murcia Spain

Corresponding author: Miss Elena Sánchez Pablo, UDMPF Medicina Familiar Y Comunitaria Cartagena Mar Menor, Centro Salud Cartagena Este, Cartagena, Spain. E-mail: ele_sp@hotmail.com

Background and Aim: 79 years old woman with acute three hours intense thoracic pain and tightness feeling with irradiation to the back and left shoulder associated with vegetative symptoms. Clinical features: obesity grade I, smoker of 15 boxes per year. Chronic treatment: Diazepam 5 mg. Physical exploration: Blood Pressure: 152/95 mmHg, Cardiac Rhythm 82 bpm, skin pallor and spontaneous crying with anxious behaviour. According to the patient she has been feeling low mood since the recent death of her husband.

Method: ECG: sinus rhythm 90 bpm with S-T segment elevation in V2, V3 and V4 with negative T deflection in V5 and V6. Thorax X-Ray: increased cardiac size. Analysis: raised troponine I (2,16-7,34-11,12 ng/ml) and Creatinkinase (227-487-436 U/L). Cardiac ultrasound: anterior, septal, medium-apical and posterior hypokinesia. Coronariography: significant injury in medium right coronary artery and proximal circumflex). Diagnostic ventriculography: medium-apical segments hypokinesia. At her arrival Captopril 50 mg is administrated lowering blood pressure level. Afterwards a conservative treatment is decided with further Electrocardiogram and cardiac ultrasound control. Differential Diagnostic: Acute coronary syndrome with S-T segment elevation. Tako-Tsubo Syndrome.

Results: Clinical judgement: Tako-Tsubo syndrome, stress induced cardiopathy, transitory apical dyskinesia **Conclusions:** Tako-Tsubo syndrome is a not coronary reversible ventricular dysfunction disease that looks like an acute cardiac stroke with ST segment elevation. Characteristically present a left ventricle apex ballooning in the ventriculography with a normal coronaryography. Good prognosis with low rate or recurrence and complete recovery in four to eight weeks is the usual evolution, and unlike acute coronary, fibrinolysis should not be prescribed. We would finally like to emphasize the importance of clinical history in Primary Care to allow the diagnosis of recent appearance or under diagnosed diseases to improve its clinical management and the quality of life of ours patients.