

Abstract

Takotsubo cardiomyopathy (TC) or stress cardiomyopathy is a transient, reversible cardiomyopathy which closely resembles acute coronary syndrome. The true prevalence of the disease is unknown as it is often under reported. This is a case scenario regarding a 19-year-old school girl with no significant history of cardiovascular risk factors apart from a family history of ischemic heart disease, presented with acute ischemic type chest pain which resembled acute coronary syndrome (ACS). Notably, a precipitating stressful event was also identified. The initial clinical picture was more towards ACS with an electrocardiogram showing ST-segment elevation in precordial leads coupled with elevated troponin I levels. However, despite initial features suggestive of STEMI, coronary angiogram revealed normal findings with no occlusive coronary arterial disease. Moreover, echocardiographic findings were in keeping with left ventricular mid segmental and apical akinesia with multiple segment involvement mainly towards the apex depicting the classical picture of TC. Eventually, considering the entire clinical profile, the final diagnosis of TC triggered by an acute stressful event resulting in left ventricular failure was made. According to the literature evidence, TC mainly affects postmenopausal females (90%), whereas in this case it is diagnosed in a teenager which is rare in incidence. Importantly, one should never forget to exclude cardiac involvement secondary to COVID-19 during this pandemic era, in individuals presenting with a history mimicking ACS and found to have no predisposing CVD risk factors. Furthermore, this case report emphasizes the importance of prompt commencement of initial treatment of acute coronary syndrome even in a suspected patient with TC since a standard treatment consensus is lacking.