

Abstract

Introduction

Takotsubo cardiomyopathy is also known as stress cardiomyopathy, apical ballooning syndrome, and broken heart syndrome. It is characterized by transient regional wall abnormality, extending beyond the area supplied by a single coronary artery. The systolic function of the left ventricle is principally affected. It mimics myocardial infarction; however angiographic evidence of coronary artery obstruction or acute plaque rupture is absent. Takotsubo cardiomyopathy is triggered by emotional or physical stress. Here, we report a case of a 36 year old lady, who was diagnosed to have Takotsubo cardiomyopathy following acute psychological stress.

Case presentation

A 36 year old previously healthy lady presented with one day history of general ill health and nonspecific body numbness followed by pre-syncope, nausea and altered level of consciousness for a few hours prior to the admission. She has had cardiac arrest on admission to the hospital. Following successful resuscitation, she was admitted to the intensive care unit. There were no clinical examination findings to suggest the cause for the cardiac arrest. Electrocardiogram showed Sinus tachycardia, and marked ST depressions in L1,

aVL, V4-V6, inferior leads. Troponin I was positive. 2D-echocardiogram was suggestive of posterior, inferior and infero-septal hypokinesia with ejection fraction of 35 – 40%. Coronary angiogram was normal. Repeat 2D-echocardiogram, which was done two weeks following admission was normal with ejection fraction of 60%. She was in psychological stress as her mother was having a critical illness needing intensive care treatment during that period. The diagnosis of Takotsubo cardiomyopathy following acute psychological stress was made. She was managed conservatively with supportive management.

Conclusion

Physicians should be aware of the entity called myocardial infarction with non-obstructive coronary arteries (MINOCA), as it can mimic acute coronary syndrome. Takotsubo cardiomyopathy is a sub category of MINOCA. It is important to know the various presentations of Takotsubo cardiomyopathy including cardiac arrest.