

## **ABSTRACT**

Takotsubo cardiomyopathy or stress induced cardiomyopathy is a recently emerged clinical entity though it was known as broken heart syndrome for sometime. Here we report a 47-year- old female with type 2 diabetes mellitus who presented with an episodic chronic headache and excessive sweating of face and head. She had an acute coronary syndrome leading to cardiogenic shock, respiratory failure and needed assisted ventilation during the hospital stay while being evaluated for headache. She had marked haemodynamic instability as well. A coronary angiogram confirmed normal epicardial vessels and the 2D echocardiogram revealed antero-septal and apical hypokinesia with poor systolic function. Considering the clinical picture, a presumptive diagnosis of pheochromocytoma was made and a right supra renal mass was detected by ultrasonography and subsequently confirmed by a CT scan. However, the urinary Vanillin Mandalic Acid (VMA) and metanephrine levels were repeatedly within normal limits. Once she has recovered from the acute cardiac event, she has undergone a laparoscopic adrenalectomy and the histology of the tumour and subsequent immunohistochemical studies confirmed a pheochromocytoma. All her symptoms completely disappeared and she was normotensive with stable blood pressure recordings after the surgery.