Takotsubo Cardiomyopathy

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A 77-year-old woman sought immediate medical care for acute onset of severe substernal chest pain. Medical history revealed essential hypertension, hyperlipidemia, diabetes mellitus, and severe depression, for which she was taking fluoxetine, 20 mg/d. Electrocardiogram demonstrated T-wave inversions in leads V and VI, and the patient's troponin I level was elevated (1.65 ng/mL). Coronary angiogram showed minor luminal irregularities in the left anterior descending artery. Left ventriculogram (image) exhibited an ejection fraction of 40% with left ventricle apical akinesis (short arrow) and basal hyperkinesia at the base of the heart (long arrows) creating the appearance of apical ballooning suggestive of takotsubo cardiomyopathy. (Watch the supplemental video at http://www.jaoa.org/content/114/4/321/suppl/DC1.) Plasma normetanephrine and metanephrine levels were normal. Metoprolol succinate, 12.5 mg/d, and aspirin, 81 mg/d, were prescribed, and the patient was discharged to home.

Takotsubo, or stress, cardiomyopathy is a well-described reversible cardiomyopathy typically occurring in postmenopausal women that can mimic an acute coronary event. Although there is no consensus on pharmacologic therapy,[1] prevention of left ventricular remodeling, optimization of blood pressure, and management of psychiatric illnesses are recommended.[2] Prognosis is favorable.[1]

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