



THE CASE OF A BROKEN HEART

-TAKOTSUBO CARDIOMYOPATHY-

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ABSTRACT

A 75 year old female was referred to A&E by the GP with high blood pressure (204/93). She was otherwise well and was asymptomatic. Serial troponins 1 hour apart were raised at 1583 and 3699. She was given ACS treatment and admitted to Cardiology where echo and angiogram confirmed Takotsubo Syndrome. Once clinically stable she was discharged with anti-hypertensives and outpatient follow up.

IMAGING



Figure no.1: Cardiac Angiography showing left ventricular akinesia, taking shape of a Takot-subo (Octopus trap).

CASE PRESENTATION

- This lady was visited the GP for a routine BP check. At the GP surgery she had readings of 204/93 and 199/83 and a heart rate of 53
- She was referred to A&E for further evaluation and to assess for end organ damage.
- She was otherwise well and complained of no symptoms and examination was unremarkable
- Her PMH included only hypothyroidism and polymyalgia rheumatica

MANAGEMENT & OUTCOME

- Observations remained stable with a BP of 153/93 in A&E. ECG showed sinus rhythm.
- Serial troponins 1 hour apart were raised at 1583 and 3699.
- She was given ACS treatment and admitted to cardiology
- An angiogram revealed LV mid cavity akinesia and no vascular blockages and a diagnosis of Takotsubo cardiomyopathy was made.
- Once clinically stable she was discharged with anti hypertensives and cardiology outpatient follow up.

DISCUSSION

- Takotsubo Cardiomyopathy or Broken Heart Syndrome is a rare clinical condition characterized by temporary weakening of the LV of the heart following severe emotional stress.
- It was first reported in Japan in 1990 and the name is based on an octopus trap whose shape is similar to the visual appearance of the heart on echo in this condition.
- It is seen in only 2%-4% of people presenting with ACS like symptoms and almost exclusively occurs in women (90%).
- It is practically impossible to differentiate this from an ischemic event without imaging studies as the ECG and symptoms may mimic ACS.