

# Observational study in takotsubo cardiomyopathy

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## INTRODUCTION

Takotsubo cardiomyopathy (TC) is a still rarely diagnosed clinical syndrome, which is characterized by transient cardiac dysfunction with reversible wall motion abnormalities. Concepts about diagnosis, treatment and prognosis are still evolving.

## PURPOSE

Determine the demographic characteristics, clinical presentation and prognosis of patients with TC.

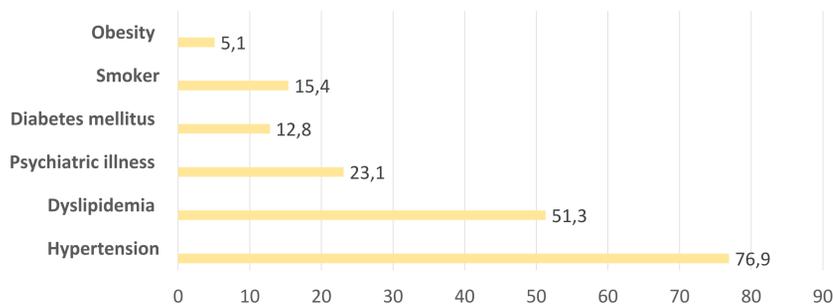
## METHODS

Retrospective study of 39 patients admitted for TC in a cardiology center during a period of 3 years.

## RESULTS

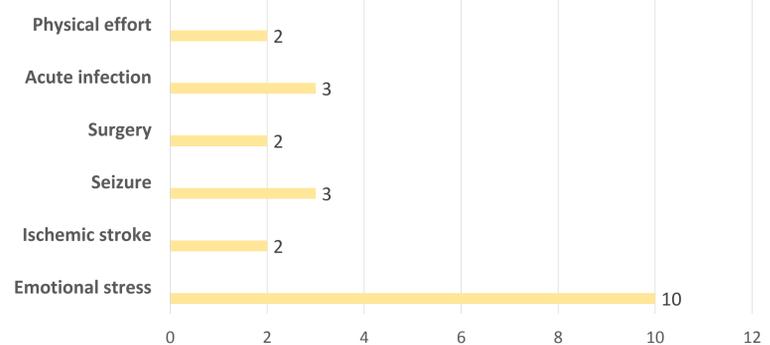
*In the population studied, the mean age was 67.15±12.01 years and women were predominant (n = 29, 74.4%)*

### The most frequent comorbidities (%)



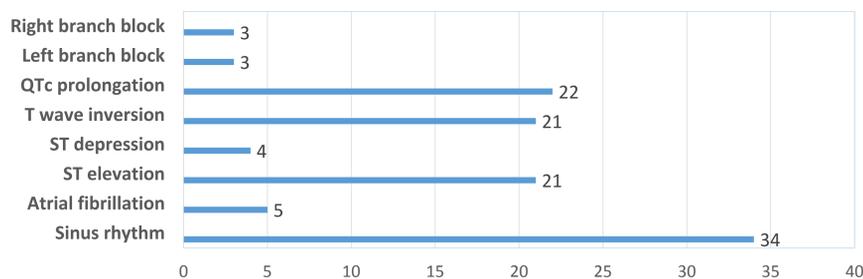
*Cardinal symptoms which led to admission, were acute chest pain (n=28), dyspnoea (n=15) and nausea (n=9).*

### Precipitating factor (n)



*In 17 patients we were not able to identify any triggering event*

### ECG findings (n)

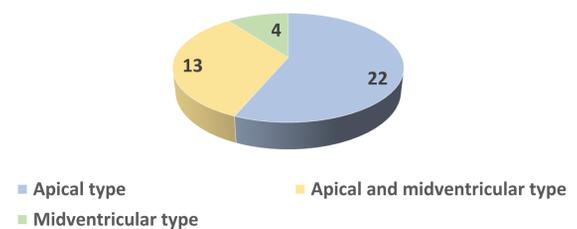


*All patients underwent coronary angiography and 10 patients had no significant coronary lesions.*

*There was a significant increase in pBNP (mean = 10604 ± 13508 pg/ml) associated with modest elevation of troponin I (mean = 4.50 ± 4.12 ng/ml).*

### Wall motion abnormalities (n)

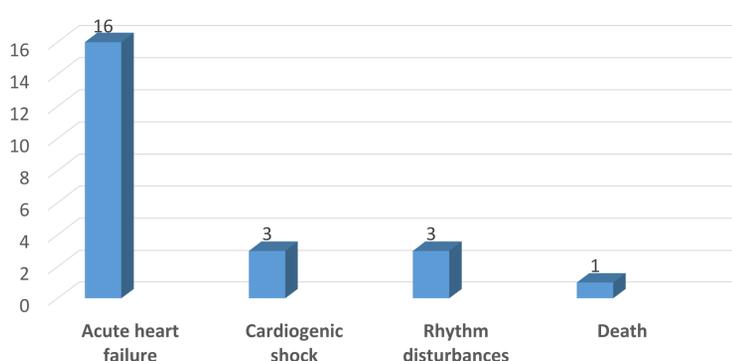
*All patients had typical wall motion abnormalities in the echocardiography and/or ventriculography.*



*The mean ejection fraction was 35.59±5.54% and 46.2% of patients had severe depression of left ventricular systolic function (LVS).*

*The presence of moderate to severe LVS dysfunction (p=0.048) and higher levels of C reactive protein (p=0.02) and pBNP (p=0.042) were associated with the development of acute heart failure.*

### In-hospital complications (n)



### Follow-up at 6 months

- All patients showed recovery of left ventricular systolic function (mean ejection fraction = 53.4%)
- There was one recurrence
- There was 3 deaths from non-cardiovascular causes

## CONCLUSION

According to the literature, our review shows higher prevalence of TC in women and a clinical and electrocardiographic presentation similar to the picture of an acute coronary syndrome. In the acute phase, the TC is not necessarily a benign entity, because we observed a high prevalence of acute heart failure.