

# Five Re-recurrences of Takotsubo Cardiomyopathy in a 40-year old Indigenous female

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## BACKGROUND

Takotsubo cardiomyopathy (TCM) is a reversible, usually stress-related, cardiomyopathy with subsequent complete recovery of left ventricular (LV) systolic function. We describe the case of a 40-year-old Indigenous female, with five separate TCM episodes over six years.

## CASE PRESENTATION

On each occasion, she presented to our centre from remote central Queensland through her local emergency department with chest pain, dynamic ECG changes and elevated troponin with a wide array of preceding physical and psychosocial stressors; some presentations were not associated with any identifiable stressors.

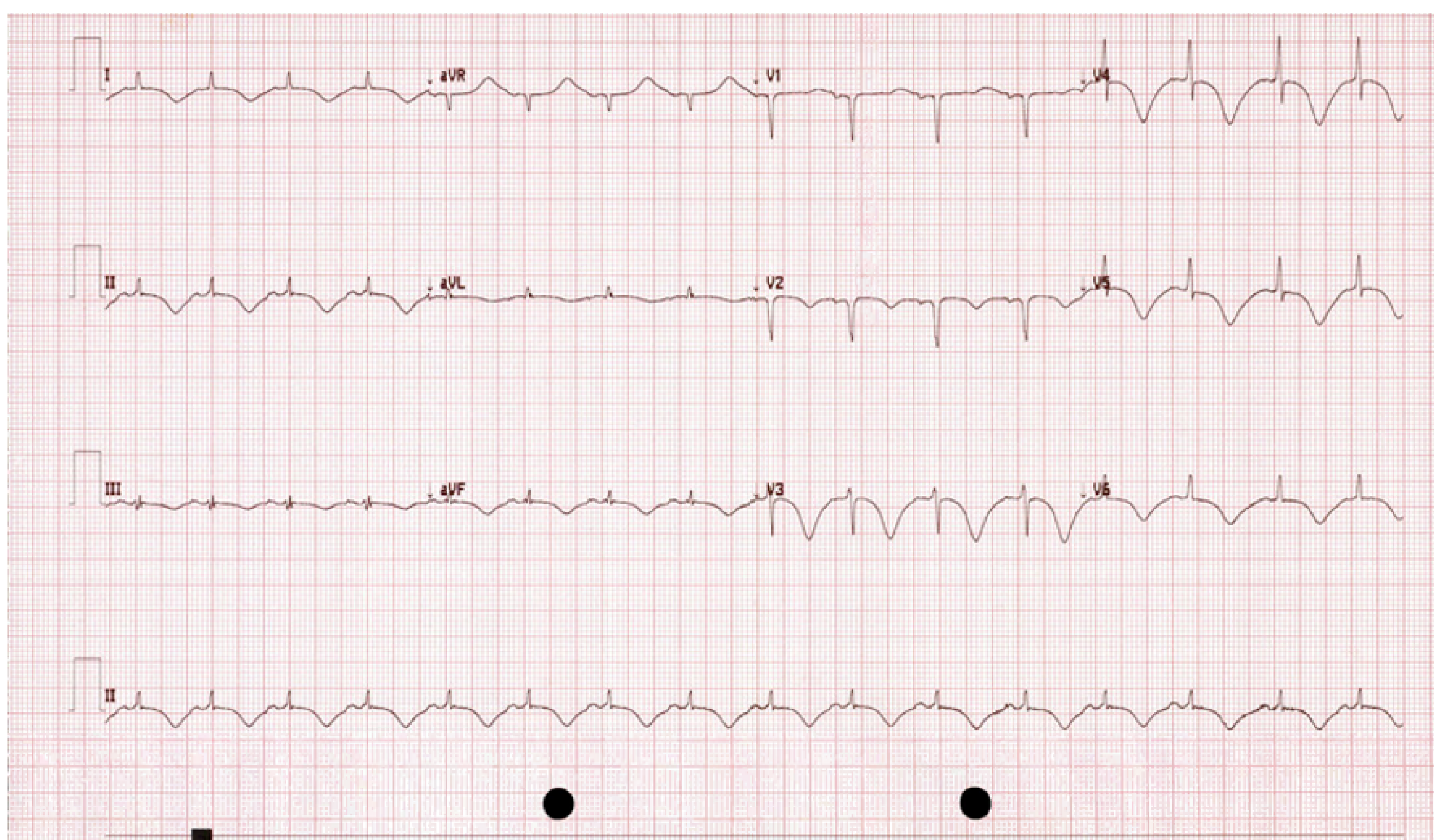


Image 1: ECG suggestive of Takotsubo Cardiomyopathy

Upon each transfer to our tertiary care centre, echocardiography showed impaired LV systolic function with regional wall motion abnormalities that did not fit anatomically into any coronary artery distribution. No culprit coronary lesion was identified on transcatheter angiography in each presentation, and eventual complete LV functional recovery was documented in all presentations.

Prior to these presentations with TCM, she had undergone percutaneous interventions on her mid left anterior descending and mid right coronary arteries. However, her stents were widely patent with no new obstructive disease in any of the occasions of TCM.

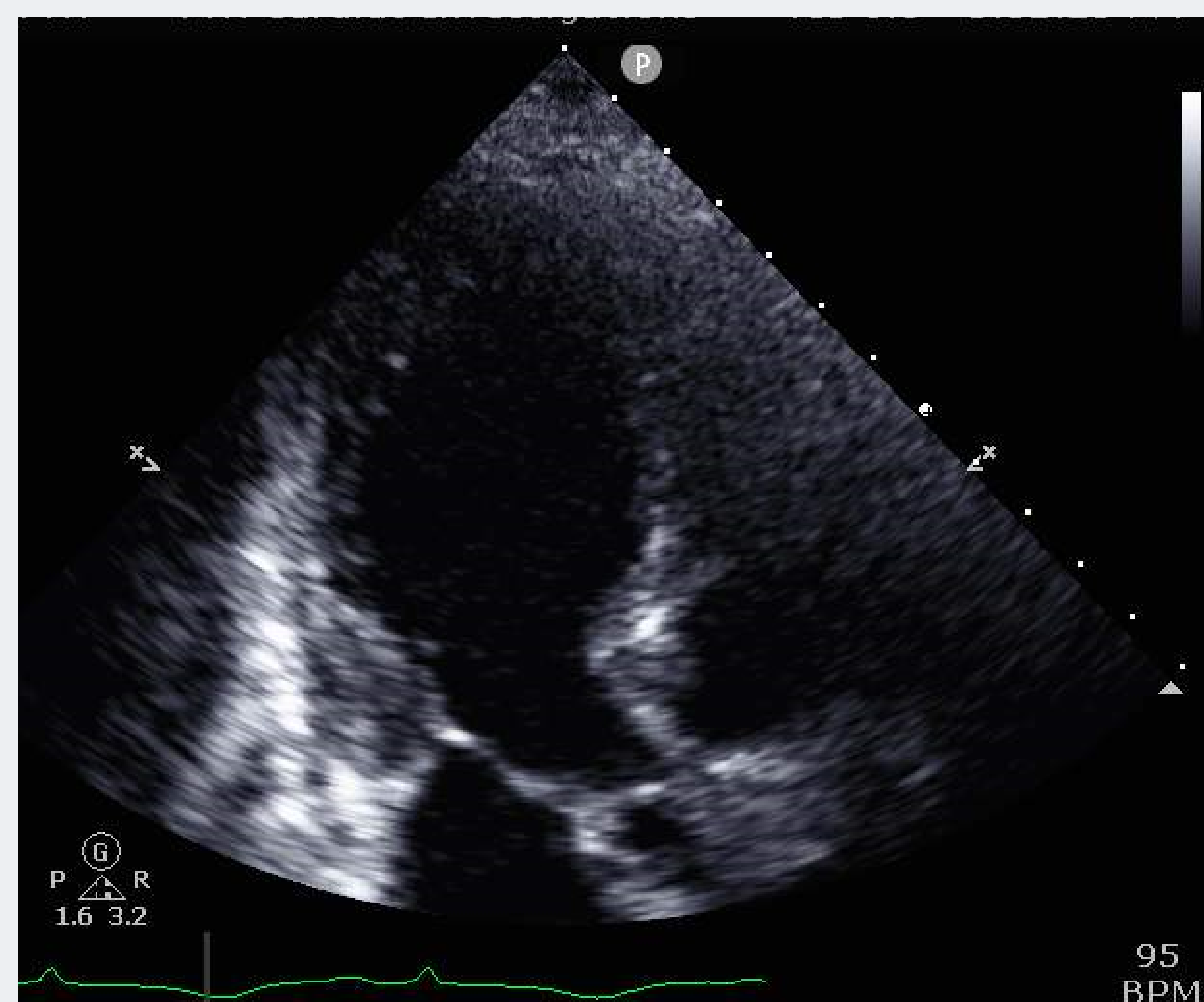
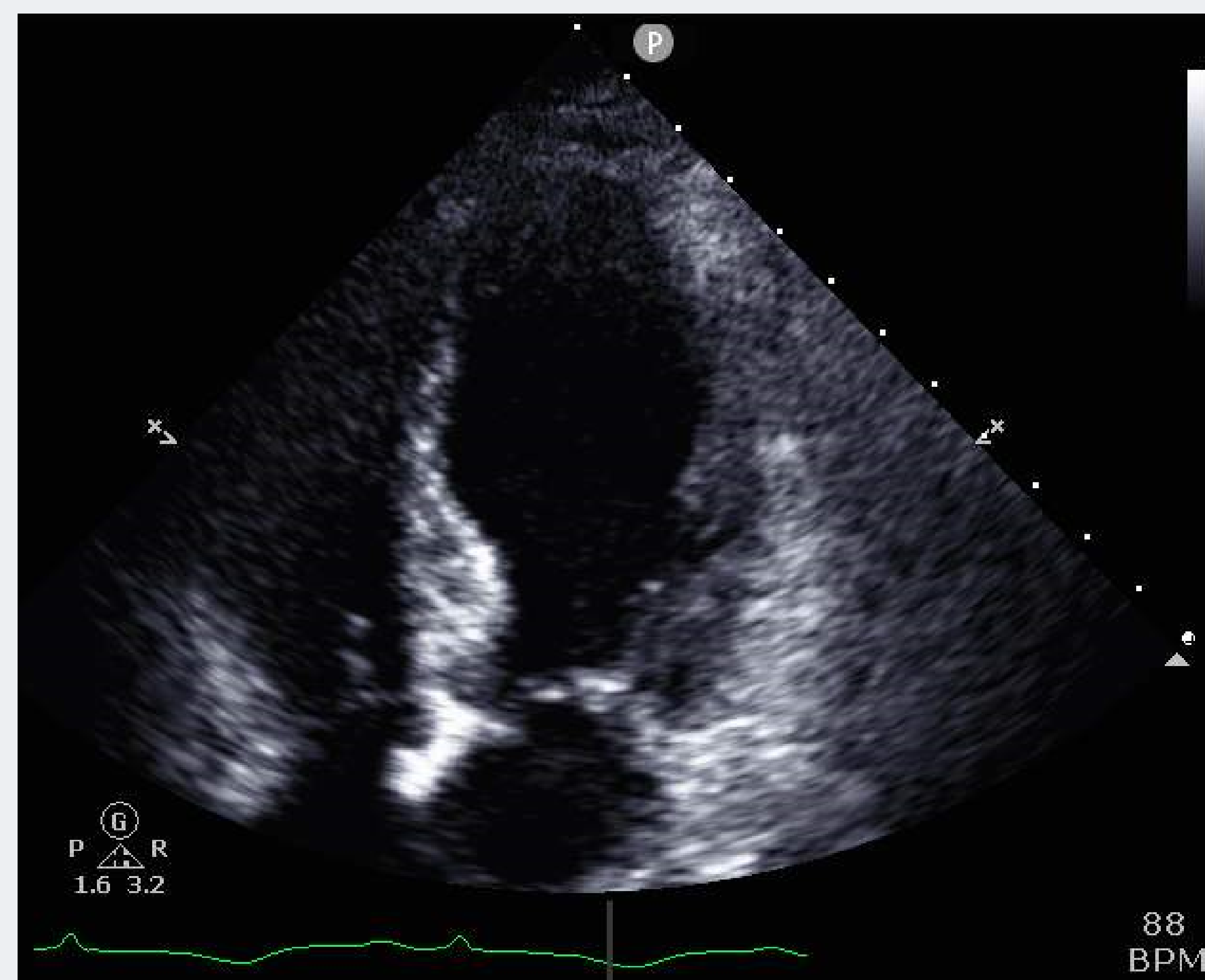


Image 2 and 3: Apical 3 & 4 chamber views demonstrating apical ballooning

## MANAGEMENT AND OUTCOME

Her most recent presentation was clinically impressive with cardiogenic shock requiring inotropes due to severe LV systolic dysfunction and LV apical thrombus. During her two-week hospital admission, her LV systolic function recovered completely, and the LV thrombus resolved on anticoagulation. She returned home on heart failure therapy.