Clinical Images

Takotsubo Cardiomyopathy

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Figure 1. Left ventriculography revealed a severely hypokinetic apex and mid to distal anterolateral and inferior wall segments, but hyperdynamic basal segments.

An elderly male presented with dyspnea for 1 week that began after severe emotional distress over a dispute with neighbors. Electrocardiogram did not reveal signs of acute coronary syndrome (ACS). Troponin I was mildly elevated (1.34 ng/ml; normal 0–0.05). Echocardiography demonstrated severely reduced left ventricular systolic function with hypokinetic apex and mid to distal anterior wall segments. Left ventriculography revealed a severely hypokinetic apex and mid to distal anterolateral and inferior wall segments, but hyperdynamic basal segments, (Fig. 1), ([Online Video](#)),

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Figure 2. Representation of a Japanese octopus trap.

resembling a Japanese octopus trap (Fig. 2). Coronary angiography showed nonobstructive coronary artery disease. A diagnosis of Takotsubo cardiomyopathy (CMP) was made based on the ventriculogram and the clinical context.

Stress-induced CMP, or Takotsubo CMP, is an increasingly documented syndrome that is most commonly found in women.¹ It consists of transient systolic dysfunction of the left ventricular apex and mid-ventricle, often with compensatory hyperkinesis of the left ventricular base.² It is frequently triggered by acute physical or emotional stress,³ and usually presents with chest pain; though patients might also complain of dyspnea and diaphoresis.⁴ With a clinical presentation similar to that of an ACS, Takotsubo CMP should be considered in the differential diagnoses of chest pain.

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Conflict of Interest: The authors declare that they do not have a conflict of interest.

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