The *Heart* of the Matter

Cardiology Associates, P.C.

Wednesday, March 31

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A Message From Our President, Dr. Stuart F. Seides

Dear Friends and Colleagues,

As a founder of Cardiology Associates P.C., I would like to thank you for your continued support of our practice. For more than thirty years it has been our pleasure and privilege to help care for your patients. We are proud of our reputation as acknowledged leaders in the field of cardiovascular medicine and surgery. Our cardiologists and vascular surgeons are committed to the use of innovative therapies coupled with compassion and caring to improve the lives of our mutual patients.

We would like to offer you this monthly newsletter as a way to provide cardiovascular news and update you on developments within our field. The first two newsletters will be mailed to your business address, but we invite you to subscribe to an electronic version through our website. **Visit our site at www.heartcapc.com and click the Referring Physician Newsletter link at the upper left corner of our home page.** You will receive an e-Newsletter every month featuring an article or a case report from one of our physicians and links to other sources featuring new trends in the field of cardiology. Our focus will be on real questions and issues that we may encounter in our day-to-day medical practices. In fact, if there is a topic that is of particular interest to you (or a question that is related to any of our articles) please e-mail your inquiries to Nazar Snihur at **nsnihur@heartcapc.com**. (Of course, we will not share your e-mail address outside of our offices.)

We are privileged to have served you as the leading cardiology practice for over three decades in Washington D.C. and suburban Maryland. We look forward to continuing to provide your patients with state-of-the-art cardiovascular diagnostics and therapy. Please take a moment to visit our website and subscribe to our complimentary news publication.

Respectfully,

Stuart F. Seides, M.D.

Takotsubo Cardiomyopathy, or (Broken Heart Syndrome)

PRESENTATION OF CASE

• 63-year-old female attorney with a background of mild and treated hypertension and dislipidemia.
• Developed a severe substernal chest pressure while on the phone contesting a $3 DVD late fee from a video store.
• Driven to an ER where she was found to have mild ST segment elevation in her anterior precordial ECG leads and a very modest elevation in her serum troponin.
• Taken to a cardiac cath lab where she was found to have not only mild nonobstructive coronary artery plaquing but a large left ventricular wall motion abnormality with systolic "ballooning" of the entire apical segment in a distribution beyond that of any individual epicardial coronary artery.
• Treated with beta-blockers, an ACE-I and anticoagulants, and although her ECG evolved deep T wave inversions, Q waves were not seen.
• She made an uneventful recovery and an echocardiogram performed 8 weeks later revealed near-normal global and regional LV systolic function.

DISCUSSION

An increasing number of case reports have identified a condition featuring signs and symptoms of an AMI without demonstrable obstructive coronary artery stenosis, a spasm in which the LV takes on the appearance of a Japanese octopus fishing pot called a "takotsubo." This reference is to the round bottom and narrow neck of this octopus trap that is mimicked by the apical ballooning of the LV. While LV function is often quite depressed initially (and findings of LV failure may be evident) full recovery within a period of several weeks is the rule. This remarkable condition has been described primarily in post-menopausal women temporally proximate to an episode of intense emotional stress including events as momentous as an earthquake or death of a loved one, or as trivial as a surprise party or (in the case), a petty argument. We are now recognizing this syndrome as constituting as many as 3-5% of patients presenting with an acute coronary syndrome or acute MI to our practice.

It would appear that Takotsubo syndrome is part of the broader group of acute stress cardiomyopathies. Transient LV dysfunction has long been noted in certain high catecholamine states such as subarachnoid hemorrhage and pheochromocytoma, and has been more recently recognized in the perioperative state or even after the diagnostic or therapeutic use of epinephrine or dobutamine. It may be operative in patients who use illicit drugs, especially cocaine. Although these patients present with a clinical picture similar to Takotsubo syndrome, the LV wall motion abnormalities do not always conform to the "octopus trap" shape; mid-ventricular and basal ballooning may occur along with the more typical apical ballooning.

Clearly, catecholamine surges are harmful to the myocardium and physicians should remain vigilant for the appearance of signs and symptoms of acute left ventricular dysfunction in the many and varied settings in which this may occur. Whether or not beta-blockers are specifically protective remains unclear, but the beneficial effect of these agents across a broad spectrum of cardiovascular conditions can certainly be inferred to be due (at least in part) to the moderation of the harmful effects of catecholamines on the vulnerable myocardium.

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