Pneumopericardium: A Rare Triggering Factor for Takotsubo Cardiomyopathy

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A 60-year-old woman presented with cardiogenic shock during gastrointestinal fiberscope. She had undergone radiation therapy for esophageal cancer at age 58 years. After cardiopulmonary resuscitation, she recovered from shock. Chest radiography showed an abnormal shadow under the pericardium, suggesting pneumopericardium (Fig. 1A), which was also revealed by chest computed tomography (Fig. 1B). Her pericardium was adhered to the esophagus and pneumopericardium might have resulted from an esophagopericardial fistula. Electrocardiography showed ST segment elevation in leads II, III, aVF, and V2-5. Echocardiography showed akinesis of the left ventricle except for the basal area (Fig. 2), however there was no finding of cardiac tamponade. Concentrations of creatine kinase and creatine kinase MB were not increased throughout the clinical period. ST segment elevation continued for two days, followed by deep inverted T waves in all leads. The pneumopericardium and the left ventricular asynergy improved without any specific treatment. In most cases of Takotsubo cardiomyopathy some physical or mental stress has been observed to precede the onset of the symptoms (1-3). Pneumopericardium is rare but can be a trigger of Takotsubo cardiomyopathy.

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Echocardiography showed akinesis of the left ventricle except for the basal area.

Figure 2. Echocardiography showed akinesis of the left ventricle except for the basal area.

References


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