Biventricular Takotsubo Cardiomyopathy

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A 78-year-old woman with chest pain was transferred to our hospital. A blood examination revealed elevated levels of CK (793 U/L), CK-MB (30.1 U/L), and troponin T (0.145 ng/mL). Twelve-lead ECG showed ST-segment elevation and a negative T wave in V1-4, ST-segment elevation and poor R wave progression in the right precordial leads (Picture 1a, b). Although emergency coronary angiography revealed no arterial stenosis or spasm, ventriculography confirmed mid left ventricular and apical right ventricular ballooning (Picture 2a). We diagnosed biventricular atypical variant of takotsubo cardiomyopathy. Right ventricular wall motion abnormalities and a significantly lower left ventricular ejection fraction occur in 26% of patients with takotsubo cardiomyopathy (1). Ventriculography four weeks later showed that right and left wall motion had returned almost
to normal (Picture 2b). The right precordial ECG leads were gradually normalized (Picture 1b) as left and right ventricular wall motion improved. It seems important to note that patients with takotsubo cardiomyopathy induced circulatory failure might have biventricular dysfunction.

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Reference