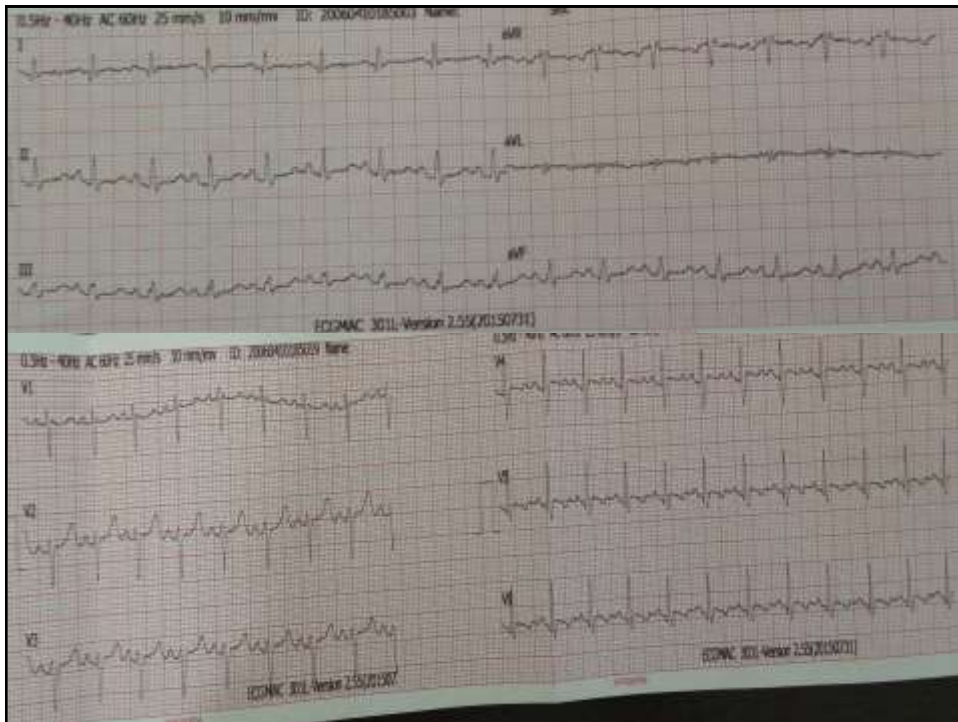
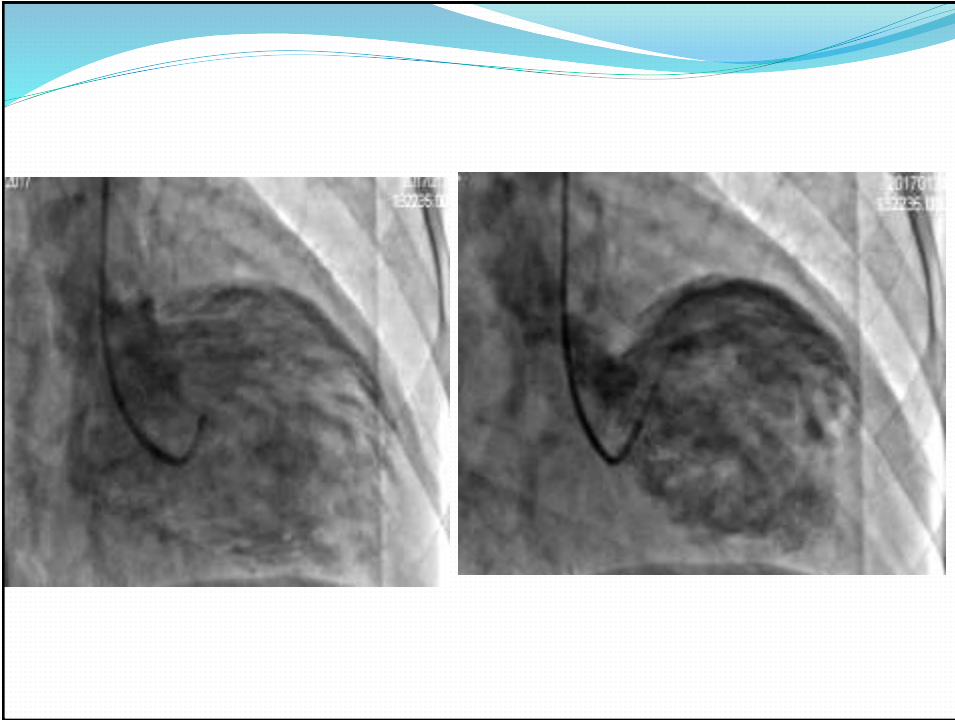




- 52 years old female with no CAD risk factors
- Presented by atypical left sided chest pain after a problem with her director at work
- The chest pain was associated with tenderness
- Physical examination: was unremarkable except for sinus tachycardia.



<u>Cardiac Markers</u>			
<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Reference Range</u>
<u>Serum Troponin I</u>	1.37	ng/ml	Negative < 0.1
<u>Serum CK MB</u>	37.84	ng/ml	Negative < 3.7



The modified Mayo Clinic criteria for diagnosis of TCM can be applied to a patient at the time of presentation. The diagnosis requires the presence of all four of the following (see Workup):

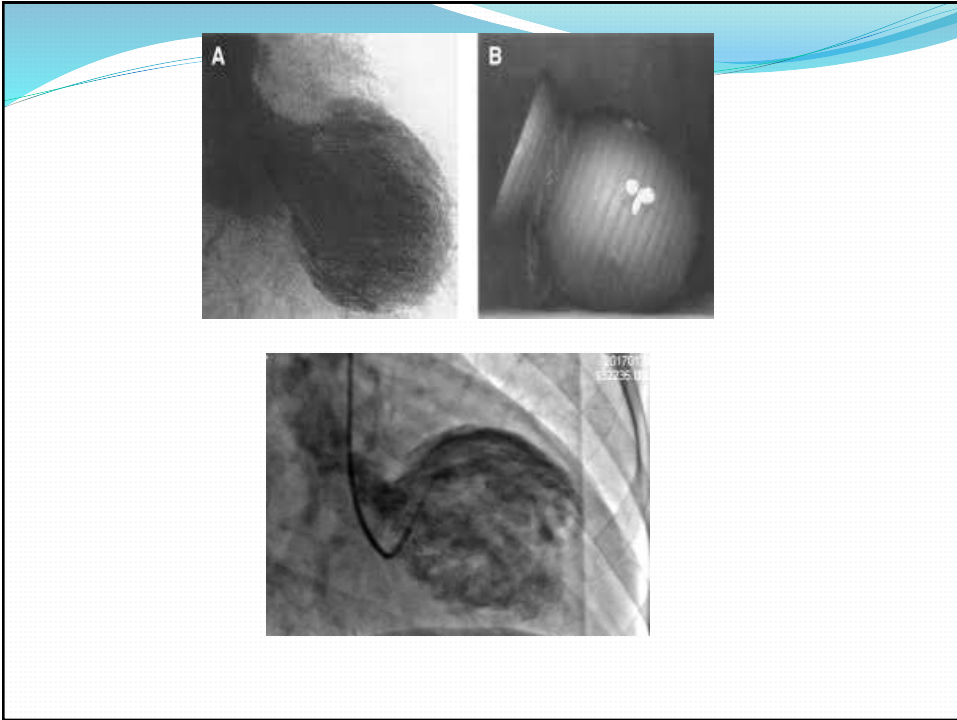
- Transient hypokinesis, dyskinesis, or akinesis of the LV midsegments, with or without apical involvement; the regional wall-motion abnormalities extend beyond a single epicardial vascular distribution, and a stressful trigger is often, but not always, present
- Absence of obstructive coronary disease or angiographic evidence of acute plaque rupture
- New ECG abnormalities (either ST-segment elevation and/or T-wave inversion) or modest elevation in the cardiac troponin level
- Absence of pheochromocytoma or myocarditis

- Patients should be treated as having ACS until proved otherwise
- After diagnosis had been established:

Currently, no randomized controlled trials have been performed to evaluate medical therapies for takotsubo cardiomyopathy (TCM); however, it is common practice to prescribe angiotensin-converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARBs), at least until left ventricular function is restored. Beta blockers are also indicated and may be useful in the long term.

Other standard outpatient post-STEMI medications, such as statins, aspirin, and clopidogrel, are of unknown benefit.





Thank you