

Clinical Image

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Reverse takotsubo after emotional distress and catecholamine bolus**Giglio Andres^{1,2*}; Revello Javier³; Garcia Francisca¹; Aguilera Fabian³; Ramirez Paulina³; Hoffmann Isabel³**¹School of Medicine, Universidad Finis Terrae, Chile.²Critical Care Unit, Clinica Las Condes, Chile.³Internal Medicine Department, Complejo Asistencial Dr. Sotero del Río, Chile.***Corresponding Author: Giglio Andrés**Critical Care Program, Universidad Finis Terrae,
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Clinical image description

A patient in his 40s was referred from a primary care facility to the emergency department because of chest pain, hypotension which was managed with a bolus of adrenaline, and diffuse ST depression on electrocardiography (ECG) after a life event with a high emotional impact. The patient was admitted with persistent hypotension and a second ECG with persistent ST depression; however, isobiphasic T was observed in some of the precordial leads. Given the evolving ECG, thoracic pain, and elevated troponin levels, the patient was admitted for percutaneous coronary angiography (PCI), considering the risk of Acute Coronary Syndrome. The latter reports coronary arteries without lesions but ventriculography with reverse Takotsubo morphology (Figure 1).

Takotsubo cardiomyopathy is described as left ventricular dysfunction triggered by emotional or physical stress, seen predominantly in women (90%), with a median age of 66 years [1]. The reverse morphology accounts for a variable range from to 1-23% of all Takotsubo [2], being 2.2% in the International Takotsubo Registry [1,3], and is associated with younger age and

less decrease in left ventricular ejection fraction [2]. The pathophysiology of this entity, or the cause of the reverse morphology, is still uncertain, even though theories such as the beta receptor gradient transition from basal distribution in the young to apical distribution in the elderly, are possible explanations [3].

References

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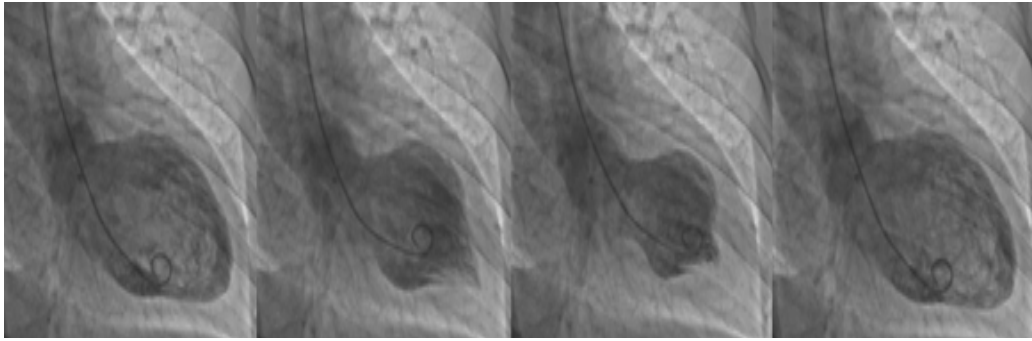


Figure 1: PCI ventriculography with reverse Takotsubo morphology.