**Takotsubo Cardiomyopathy**

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**Clinical History**

An 83 year-old woman with a history of anxiety/depression presented to the emergency room with fatigue and lethargy. Her presenting ECG demonstrated ST segment elevations in V2-V4, and her initial troponin was noted to be elevated. She was admitted with a presumed ongoing ST elevation myocardial infarction. However, she refused invasive coronary angiography, and was subsequently referred for a diagnostic cardiac CTA.

**Findings**

Cardiac CTA demonstrated normal coronary arteries without evidence of plaque or stenosis. Retrospective-gated functional images revealed left ventricular (LV) apical ballooning, consistent with Takotsubo cardiomyopathy. A subsequent transthoracic echocardiogram (TTE) confirmed the presence of an apical ballooning syndrome.

**Discussion**

Takotsubo cardiomyopathy is generally regarded as a form of transient stress cardiomyopathy and occurs predominantly in post-menopausal women. The presentation is variable, but often consists of chest pain, new ST elevations on a resting ECG, as well as modest elevations of cardiac biomarkers. In our case, cardiac CTA was able to assess coronary artery anatomy and cardiac function with a single non-invasive examination, and TTE confirmed the diagnosis of Takotsubo cardiomyopathy. Fortunately, as in our case, most patients experience a full recovery within a few weeks of supportive therapy, with a reported in-house mortality in the 1% range.

**REFERENCES**