WJCD > Vol.3 No.1, January 2013

OPEN ACCESS

Variant of takotsubo cardiomyopathy associated with sepsis and respiratory failure in an elderly female

PDF (Size:846KB) PP. 11-13 DOI: 10.4236/wjcd.2013.31003

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ABSTRACT
Stress induced cardiomyopathy/Takotsubo cardiomyopathy (TSO CMO) has been widely reported. It is characterized by apical hypokinesis or akinesis. Variants of this called as inverted/reverse cardiomyopathies have been reported and are characterized by basal hypokinesis/akinesis and hypercontractility of apex. These are more common in younger population. We present an elderly female who had a variant cardiomyopathy in association with sepsis and respiratory failure and this has been rarely reported. An 84 year old female presented with cough, dyspnea and fevers. She was treated for pneumonia but her respiratory failure worsened and she suffered a non ST segment elevation myocardial infarction. Cardiac catheterization revealed normal coronaries but ejection fraction was low at 25% with basal hypokinesis and a hyperkinetic apex. She improved with diuresis and medical management of a variant of stress induced cardiomyopathy. Stress induced cardiomyopathies and its variants are reversible conditions and improve with conservative management. These entities should be kept in mind during investigation of any acute myocardial infarction.

KEYWORDS
Takotsubo Cardiomyopathy; Inverted Cardiomyopathy; Stress Induced Cardiomyopathy

Cite this paper
Marella, P. , Siripurapu, S. , Hussein, H. and Garg, R. (2013) Variant of takotsubo cardiomyopathy associated with sepsis and respiratory failure in an elderly female. *World Journal of Cardiovascular Diseases*, 3, 11-13. doi: 10.4236/wjcd.2013.31003.

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