

A Particular Case of Takotsubo Syndrome

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Background: Takotsubo syndrome (TTS) is rare (2-3%), prevalent in postmenopausal women (90%).

Case report: Postpartum woman, 33. After taking methylprednisolone 1g i.v. for 4 days for postpartum multiple sclerosis poussè, admitted to the E.R. for asthenia and hypotension. ECG: marked sinus bradycardia. Immediately after taking atropine (0.5 mg iv): chest pain and hypertensive crisis. ECG: anomalies of repolarization. Echocardiogram: mid-apical segments akinesia, E.F: 45%. Cardiac markers increased. Coronarography: free coronary vessels. In the following days: normalization of cardiac and ECG markers. Diagnosis: TTS. Subsequent MRI checks: restitutio ad integrum.

Discussion: This case raises a number of questions. Is bradycardia a symptom of TTS or a side effect of high-dose steroid therapy? Is it TTS or peripartum cardiomyopathy (PPCM)? If it's TTS, could the administration of atropine have caused it? For the first and last questions, there are some data in the literature on the possible iatrogenic origin of the case. Regarding the differential diagnosis, however, postpartum women are at greater risk for TTS.

TTS and PPCM occur in non-cardiopathic mothers with acute heart failure and reduced E.F. The prognosis is better in TTC than in PPCM. Our patient's complete recovery makes us think of TTS rather than PPCM.