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Takotsubo cardiomyopathy and Atrial Myxoma, is there association.

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Takotsubo cardiomyopathy is characterized by transient LV dysfunction, EKG changes that can mimic acute myocardial infarction (MI), and minimal release of myocardial enzymes in the absence of obstructive coronary artery disease. A 72-year-old active female with history of hypothyroidism presented with acute onset of nausea, vomiting, and diarrhea started one day. She presented to ER and received 2 L of intravenous fluid. She then developed acute shortness of breath while in the ER. Chest exam revealed crackles both sides. Initial labs remarkable for Troponin 0.22 and BNP 898. Initial EKG shows no ST elevations, or depressions. Chest x-ray showed mild interstitial edema. Patient was treated with diuretic and started on ACS protocol for possible acute coronary syndrome. She underwent LHC shows normal coronary arteries with severe depression of systolic function with ejection fraction 21% Regional wall motion: Hypokinesia of the mid ventricle and apex with hypercontractile basilar segments consistent with Takotsubo cardiomyopathy. Transthoracic echocardiography revealed ejection fraction 35-39%. RV apical segment severe hypokinetic, global hypokinesis, and mobile echogenic mass in left atrium 5.5 x 2.2 attached to intra-arterial septum consistent with left atrial myxoma. Patient underwent surgery 8 days later and myxoma was removed. Patient was doing well and discharged home. Her TTE repeated 4 months later and showed significant improvement of LVEF 65-69% with no regional wall motion abnormalities. Takotsubo cardiomyopathy is typically preceded by exposure to emotional or physical stressors, although in some cases, precipitant stressors have not been identified. Cardiac myxomas, although rare, are the most common, primary benign tumors of the heart. They occur more frequently in women commonly between the ages of 30 and 60. In our case report, patient was diagnosed with atrial myxoma which could be one of participating factors, reviewed literature showed only 2 cases reports with same presentation like our case.

Biography

Dr Mazek has graduated from Texas Tech University Health Sciences Center; currently he is Assistant Professor with department of family medicine at Texas Tech University Health Sciences Center, Lubbock, Texas and working as Academic Hospitalist. Dr Mazek interest is in cardiology.

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