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Clinical features and outcomes of patients with takotsubo syndrome: Its prognosis is fairly good but depends on underlying disease that became a trigger for the onset of the disease

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Introduction: Takotsubo syndrome is a disorder characterized by transient left ventricular dysfunction which most commonly affect apex. It is often preceded by an emotional or physical stress.

Objective: The objective of the study was to examine the clinical features of takotsubo cardiomyopathy.

Methods: This retrospective study included a total of 41 consecutive patients who were admitted to Fukuyama Medical Center, Japan between May 2010 and April 2018.

Results: The age of patients was 74.6 ± 12.8 years, 29 female patients (71%), emotional stress 9 cases (22%), physical stress 34 cases (83%), 12 patients bearing cancer (29%) as an underlying disease, diabetes mellitus 12 cases (37%), hypertension 29 cases (71%), smoking history 12 cases (32%) and previous ischemic heart disease 7 cases (17%). We will examine 41 cases of takotsubo cardiomyopathy experienced at our hospital about age, sex, underlying disease, incentive, electrocardiographic findings, echogenic findings and treatment methods. 19 cases (46%) of cardiac insufficiency at the onset of Killip 2 or more, ECG findings: HR 92 ± 24 /min, atrial fibrillation (AF) 4 cases (9.8%), QTc 0.43 ± 0.08 ms, QRS 89.2 ± 18.3 ms, echocardiographic findings showed left ventricular proportion of $44.4 \pm 12.0\%$, estimated systolic pulmonary artery pressure 41.4 ± 15.0 mmHg, blood biochemical data BNP 2703 ± 121 pg/mL. Treatment was: diuretic use 26 cases (63%), catecholamine use 10 cases (25%), human atrial natriuretic peptide (hANP) 11 cases (27%), nasal intermittent positive pressure ventilation (NIPPV) 4 cases (9.8%) and ventilation with tracheal intubation 8 cases (19%).

Prognosis: Heart failure death occurred in one person, cancer death in two persons in the remote period and a total of four cases (9.8%) for infection.

Conclusions: Takotsubo cardiomyopathy occurred more frequently in elderly women and the prognosis was relatively good, but there was a tendency to be influenced by the underlying disease that became a trigger for the onset of the disease.

Recent Publications:

1. Han Saem Jeong, Tae Hyub Lee, Cho Hee Bang, et al. (2018) Risk factors and outcomes of sepsis-induced myocardial dysfunction and stress-induced cardiomyopathy in sepsis or septic shock: A comparative retrospective study. *Medicine* 97(13):1-8.
2. Heckle M R, McCoy C W, Akinseye O A, et al. (2018) Stress-induced thrombus: prevalence of thromboembolic events and the role of anticoagulation in takotsubo cardiomyopathy. *Ann Transl Med* 6(1):1-4.
3. Gopalakrishnan P, Zaidi R and Sardar M R (2017) Takotsubo cardiomyopathy: pathophysiology and role of cardiac biomarkers in differential diagnosis. *World J Cardiol*. 9(9):723-730.
4. Parodi G, Scudiero F, Citro R, et al. (2017) Risk stratification using the CHA2DS2-VASc score in takotsubo syndrome: data from the takotsubo Italian network. *J Am Heart Assoc*. 6(9).
5. Santoro F, Brunetti N D, Tarantino N, et al. (2017) Dynamic changes of QTc interval and prognostic significance in takotsubo (stress) cardiomyopathy. *Clin Cardiol*. 40(11):1116-1122

Biography

Yutaka Kajikawa has his expertise in improving the health and wellbeing of the patients who have cardiovascular risk factors. His lipid and EPA/AA research and sodium intake assessment research contributes to the reduction of cardiovascular risk patients. He has also researched prevention and therapy heart failure. This takotsubo cardiomyopathy article is one of the series of his research.

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