Takotsubo Cardiomyopathy linked with acute mania episode. A case report.

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- **Objective:** Takotsubo cardiomyopathy is characterized by transient akinesis or dyskinesis of the apical and midventricular segments of the left ventricle that typically occurs to postmenopausal elderly women with a recent emotional or physical stress pain. We describe a case of TCC concurrent to acute mania exacerbation.
- **Background and aims:** Takotsubo cardiomyopathy has been found to be associated with physical and emotional triggers, also has been called “stress induced” cardiomyopathy. Some of these stressors include psychiatric illness, pheochromocytoma, myocarditis, seizure disorders, hyperthyroidism, etc.
- **Material and methods:** data are obtained at medical history, physical examination, complete analysis, echocardiogram, electrocardiogram and coronary angiography results.
- **Results:** a 74 year-old Caucasian woman with DM, hypertension, dyslipidaemia and Bipolar Disorder type I diagnosis was admitted for increased agitation, aggressiveness in the context of an acute mania episode which occurred a month after the death of her husband. During the hospitalization in our institution the patient was treated with benzodiazepines, high doses of neuroleptics and lithium was introduced.
- 45 days after the beginning of the hospitalization, the patient developed extrapyramidal symptoms as dystonia, akathisia, tremor, attributed at primarily to pharmacotherapy so the doses of neuroleptics was decreased. Few hours later the patient developed cold sweating, low blood pressure and sinus tachycardia. The serum troponin T was elevated. Electrocardiogram showed complete left bundle branch block. A transthoracic echocardiogram found severe left ventricular systolic dysfunction with marked hypokinesis of the anterior, septal and apical regions and moderated decreased ejection fraction.
- She was immediately treated for possible myocardial infarction and she underwent coronary angiography, which did not show any obstructive coronary, so a coronary acute syndrome was discarded and the diagnosis of Takotsubo Cardiomyopathy was made after exclusion of ischaemic heart disease. The patient was treated conservatively with resolution of symptoms.
- **Conclusions:** emotional stress has been identified as a risk factor which could trigger TCC. We should consider this diagnosis especially in postmenopausal women with a recent history of acute emotional stress who develop clinical findings suggestive of acute coronary syndrome

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