



The Medical **Bulletin**

Case Scenario

Takotsubo Cardiomyopathy in Pregnancy

A 26-year-old female in her second pregnancy presented at 38 weeks of gestation in early labour. She had a history of caesarean section 6 years ago and underwent caesarean section with bilateral tubal ligation. Postoperatively she developed palpitations with fluctuating heart rate and workup showed a stress induced cardiomyopathy. She had full recovery of cardiac function by 6 weeks postpartum with medical management. Antenatal women who present with cardiac symptoms should be evaluated for Takotsubo Cardiomyopathy after myocardial infarction has been ruled out.

Takotsubo Cardiomyopathy or stress cardiomyopathy or broken heart syndrome, is a sudden, transient cardiac syndrome that involves dramatic left ventricular apical akinesia and mimics acute coronary syndrome. It is a non-ischemic cardiomyopathy accompanied by reversible left ventricular dysfunction in the absence of angiographically significant coronary artery stenosis. At times it is preceded by intense emotional or physical stress. It is commoner in females compared to males but rarely occurs in pregnancy. It may occur in women of childbearing age in the antepartum, intrapartum or postpartum period as well as in the postmenopausal females. With medical management there is resolution of cardiac dysfunction within weeks.

The management is generally conservative and focused on emotional or physical stress relief. In presence of acute complications such as heart failure and shock, intensive management similar to that in the general guidelines is required. Prognosis is excellent with cardiac dysfunction recovering within 4 weeks although some patients may need long term management of cardiac failure.

Dr. Prerna Chettri
CRH, Sikkim