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Postpartum inverted Takotsubo syndrome

Marta Figueiredo, Mafalda Carrington, Bruno Piçarra, Ana Rita Santos

Cardiology department of Hospital do Espírito Santo de Évora, Portugal

Takostubo syndrome is characterized by transient LV systolic dysfunction typically with apical balloonization but can also occur with hypokinesia/akinesia of the basal segments with preserved apical contractility, often designated as "inverted" TTS. We present the case of a pregnant 34-year-old female with no relevant history, who was admitted electively for labour induction. Due to failure to progress, even after elevated doses of oxytocin,

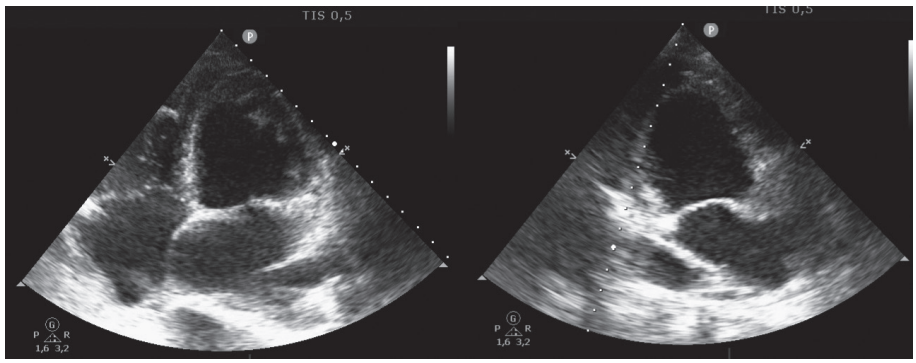

Figure 1 Echocardiogram four-chamber and two-chamber views during systole showing basal and mid-ventricular hypokinesia, with preserved apical contractility

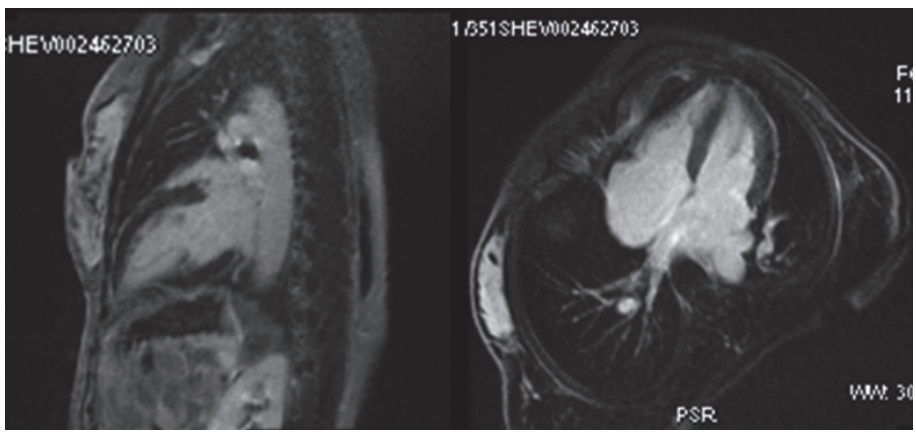

Figure 2 CMR views showing normal contractility with no late-gadolinium enhancement

From Cardiology department of Hospital do Espírito Santo de Évora, Portugal
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Address for correspondence: Marta Paralta de Figueiredo, Avenida Doutor Francisco Barahona, 11, 1º direito, 7005-150 Évora, Portugal, Email: marta.paralta@gmail.com

she was submitted to emergency c-section. Immediately after delivery she developed severe acute dyspnea with need for mechanical ventilation. CT-pulmonary angiography ruled out pulmonary embolism. Electrocardiogram documented sinus rhythm, with no significant changes. Echocardiography showed severe LV systolic dysfunction with diffuse basal and mid-ventricular hypokinesia and preserved apical contractility. Coronary-CT showed no signs of coronary artery disease. After optimal medical therapy for LV dysfunction, the patient improved significantly, being discharged asymptomatic. After two weeks, a cardiac magnetic resonance (CMR) was performed and revealed complete reversal of previous findings, with normal LV systolic function and contractility and no late-gadolinium enhancement, prompting the diagnosis of postpartum inverted TTS, probably relating to administration of high doses of oxytocin and the distressing situation.

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