Quand le cœur a ses raisons : le syndrome de Takotsubo

When the heart has its reason : the Takotsubo syndrome

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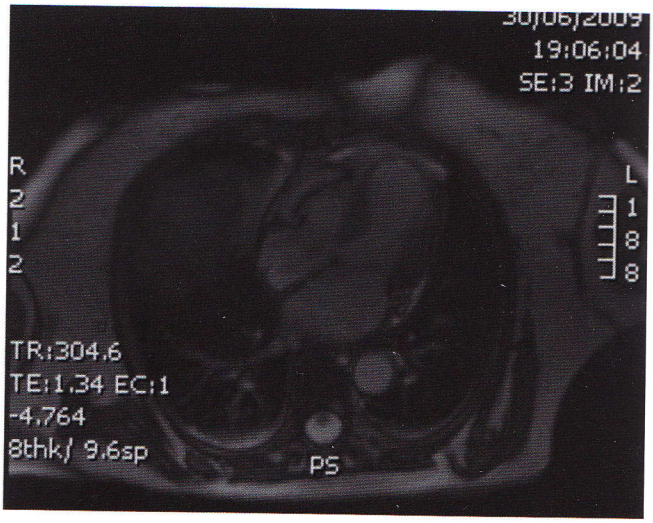
Cas clinique

A clinical presentation suggesting a diagnosis of heart attack is very frequent at the emergency unit. The symptomatology includes chest pain, dyspnea, or tachycardia, symptoms that are also very frequent in patients suffering from panic attacks. In clinical practice, the differential diagnosis between panic disorder and a real cardiomyopathy is not very easy. Here, we present the case of a woman who presented an acute chest pain that finally suggested a diagnosis of Tako-Tsubo cardiomyopathy, a disorder poorly known by psychiatrists.

Mrs B, a 74-year-old woman was admitted in the emergency department for acute chest pain. She described a mid sternal pain without irradiation. The symptoms started suddenly at rest after his pet was attacked by another dog. The clinical exam revealed tachycardia, dyspnea and a high blood pressure. She did not have any history of a real cardiovascular disease. In fact, last year, she had a coronary catherization for a similar clinical presentation with a suspicion of myocardial infarct. But, this complementary exam was negative and the patient was then treated with an antidepressant for an anxio-depressive symptomatology. At the admission, Mrs B. appeared to fulfill the criteria for a panic attack. However, the elektrocardiogram (EKG) showed a T wave inversion in precordial leads. A large hypokinesia of the apex with left ventricular dysfunction was observed by echocardiography. Despite these abnormalities, the clinician decided to avoid a new invasive coronary angiography. Taking account of the history of depression, this second acute cardiac syndrome was considered as a Tako-Tsubo disease.

The Tako-Tsubo disease is also called « stress cardiomyopathy ». This disorder has been described in Japan in the 90s. Its first description was in Japan in the 90s. It was named « Tako-tsubo »-shaped cardiomyopathy due to its unique « short neck round – flask »- like left ventricular apical ballooning resembling the Tako-Tsubo (Japanese for octopus pot or trap) of Japan (Abe et al. 2003). It combines clinical features mimicking a myocardial infarction, transient apical ballooning of the left ventricle, normal coronary arteries and small rise in cardiac markers level. Many publications suggested that emotional or physical stress might play a key role in this acute cardiomyopathy. Indeed, in most cases the symptomatology is preceded by an aggravation of underlying disorders such as emotional and/or physical problems. This suggests that the enhanced sympathetic activity plays a major role in the origin of the syndrome. Myocardial stunning in this setting might be the result of a direct myocyte injury by an increase in blood catecholamine levels (Martin et al. 2010). Moreover, this cardiomyopathy could be in relationship with an increased vascular reactivity and a decreased endothelial function in response to acute mental stress (Wittstein et al. 2005). The broad clinical spectrum of this acute cardiomyopathy also suggests that heterogeneous and multifactorial pathophysiologic mechanisms are involved. In their clinical presentation, a heart attack and a panic reaction tend to share some symptoms such as chest pain and dyspnea, and the differential diagnosis between both entities is not always easy.

In this context, we think that psychiatrists must be aware of the Tako-Tsubo disease, a disorder at the boarder between cardiology and psychiatry.



Références

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