Southern Medical Association

Takosubo Cardiomyopathy Presenting as Pulmonary Edema After Breast Lumpectomy

The following abstract will be presented at the Southern Medical Association Annual Scientific Assembly, October 30-November 1, 2014 in Destin, Florida.

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Objectives
Upon completion of the lecture, attendees should be better prepared to:
1) Recognize flash pulmonary edema as a form of presentation of Takosubo cardiomyopathy.
2) Identify surgical procedures and/or anesthetic agents as a predisposing factor to Takosubo cardiomyopathy.

Introduction: High levels of circulating catecholamines associated with stressful conditions have been implicated in the physiopathology of Takosubo cardiomyopathy [1]. Recent attention has been drawn toward a possible relationship with surgical procedures and/or exposure to anesthetic agents [2, 3]. While frequently presenting as a chest pain syndrome, acute pulmonary edema have been increasingly reported [4, 5]. Prompt recognition of this condition could ultimately prevent the use of further invasive diagnostic procedures.

Case Presentation: A 41-year-old woman underwent right breast lumpectomy under general anesthesia with local infiltration of 1% xylocaine, epinephrine and 0.5 bupivacaine. The surgical procedure was uneventful. Nevertheless, she developed sudden respiratory distress during her stay in the recovery area. A chest X ray and ECG obtained immediately suggested pulmonary edema and she was treated accordingly demonstrating significant clinical improvement. Serial troponins were consistently abnormal: 1.480 and 3.380 ng/ml respectively. And thus, she was taken to the catheterization laboratory for coronary angiography that showed normal coronary arteries (Fig. 1 and 2) and severe anterolateral and mid-inferior hypokinesis with apical and basal hyperkinesis (Fig 3 and 4) compatible with Takosubo cardiomyopathy.

Final/Working Diagnosis: Takosubo Cardiomyopathy.

Management/Outcome/and or Follow-up: Her clinical status followed a recovery course and she was ultimately discharged without further events.

References

Disclosure
Eric Arguelles, MD – No Relevant Financial Relationships to Disclose
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Christopher I. Jones, MD – No Relevant Financial Relationships to Disclose
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