

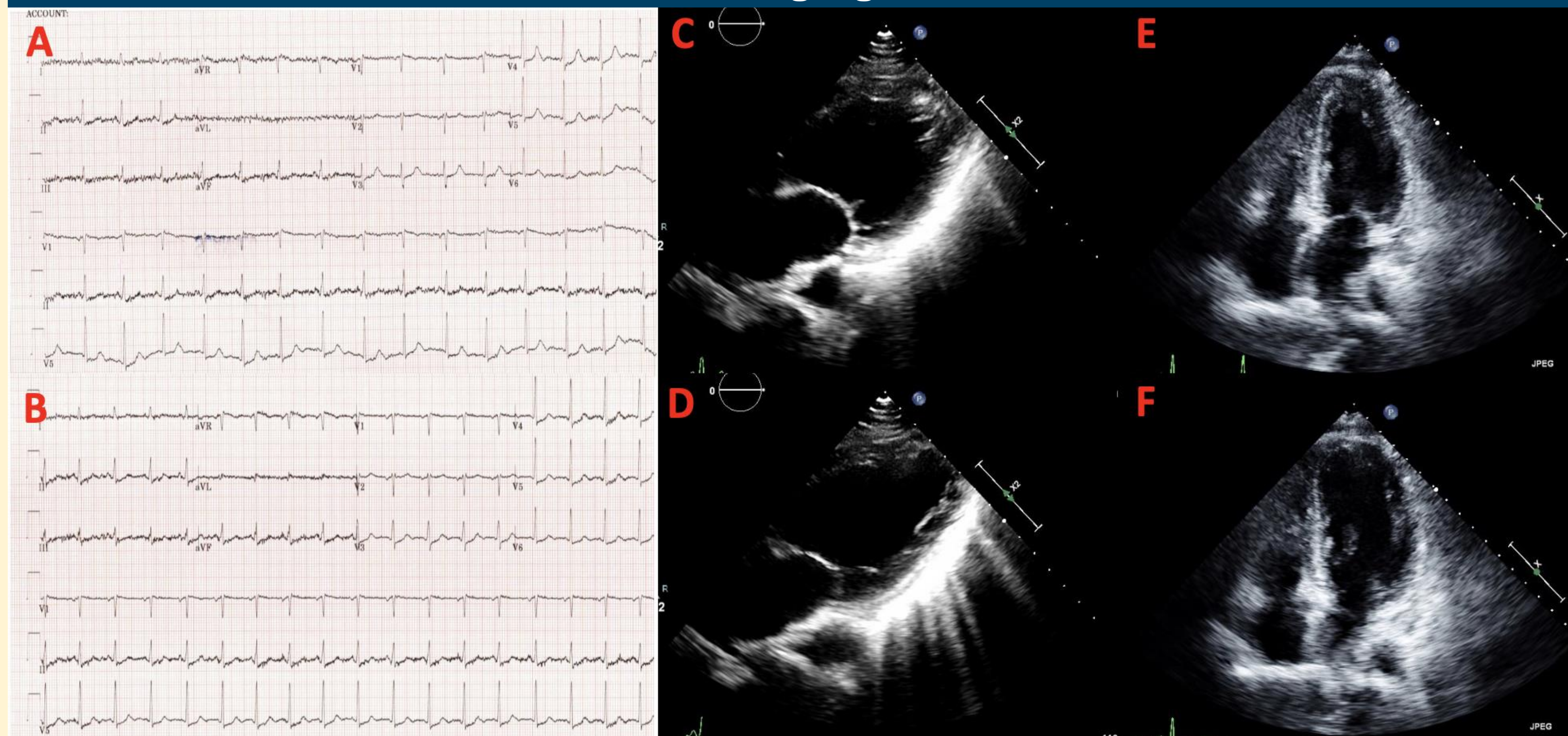
Background

- Stress-induced cardiomyopathy (SICM) is increasingly recognized by apical ballooning most commonly in post-menopausal women
- Recognizing different forms of stress-induced cardiomyopathies can occur in younger patients

Case

- 32 year old female with a history of chronic abdominal pain and multiple sclerosis presented with abdominal pain, nausea and vomiting
- Initial EKG and labs were unremarkable
- Developed sudden onset of chest pain and shortness of breath
- CTa without pulmonary embolism, but notable for pericholecystic fluid
- Repeat labs with troponin 2.5 pg/mL, lactate 5.1 mmol/L, and WBC 28,000 mm³. COVID-19 negative
- Urgent Echocardiogram showed wall motion abnormalities consistent with mid-ventricular SICM with an EF 25-30%
- She rapidly decompensated requiring intubation and vasopressor support
- Percutaneous drain was placed for septic shock secondary to acalculous cholecystitis
- Pulmonary artery catheter was placed for hemodynamic monitoring for adequate fluid resuscitation in the setting of new onset LV dysfunction
- Required 7 days of support until stabilized. Repeat Echocardiogram showed improvement in SICM and EF 45-50%

Imaging



A) EKG with normal sinus rhythm. B) Sinus tachycardia with upsloping depressions in V3-V6. C) Subcostal view in systole demonstrating basal and mid akinesis with apical sparing. D) Subcostal view in diastole. E) Four-Chamber view in systole demonstrating improved basal and mid ventricular systolic function. F) Four-Chamber view during diastole.

Discussion

- Mid-Ventricular SICM is a rare variant of the classic Takotsubo cardiomyopathy that tends to occur in post-menopausal women.
- Mid-Ventricular SICM tends to occur in younger population and should be considered on the differential for a young, otherwise healthy patient that presents with heart failure
- Timely diagnosis led to appropriate clinical decision making and a favorable outcome