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Three dimensional echocardiography of tako-tsubo cardiomyopathy with atrial myxoma

Yoshihisa Shimada, Keiko Maeda, Keitaro Ogawa, Hiroaki Oe, Yoshiki Matsumura, Minoru Yoshiyama

Internal Medicine and Cardiology, Osaka City University School of Medicine, Abeno-ku, Osaka, Japan

Correspondence to Yoshihisa Shimada, yoshimada-circ@umin.ac.jp

DESCRIPTION

A 63-year-old woman without any significant medical history presented with acute thoracic pain and dyspnoea after alcohol abuse and an argument with her husband. Her initial electrocardiography showed giant negative T waves in all precordial leads. Troponin T, creatine kinase and creatine kinase MB concentrations were only slightly increased.

Two dimensional transthoracic echocardiography and subsequent three-dimensional reconstruction with dynamic display (figure 1) were performed, clearly demonstrating extensive apical akinesis and basal hyperkinesis of the left ventricle coupled with a mobile mass in the left atrium. The mass arose from the interatrial septum and protruded into the left ventricle during diastole. Emergent coronary angiography showed no obstructive epicardial coronary artery disease. Her clinical presentation was consistent with that of tako-tsubo (Japanese for octopus catcher) cardiomyopathy,^{1 2} a syndrome associated with older women often in emotional distress that is characterised by transient apical regional wall motion abnormalities in the absence of epicardial coronary artery disease.

The mobile mass in the left atrium was surgically removed at day 4 as the regional wall motion abnormalities of the left ventricle diminished. Histological examination of the mass confirmed the diagnosis of myxoma. The patient's postoperative course was uneventful and she was discharged 14 days later.

Video supplemental file Extensive apical akinesis and basal hyperkinesis of the left ventricle, coupled with a mobile mass in the left atrium, on 3-dimensional echocardiography. 10.1136/bcr.07.2008.0544v1

Competing interests None.

Patient consent Obtained.

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Figure 1 Three dimensional echocardiography demonstrating extensive apical akinesis and basal hyperkinesis of the left ventricle coupled with a mobile mass in the left atrium.

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