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Stress cardiomyopathy: Emerging concepts on diagnosis and management

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Stress cardiomyopathy or takotsubo cardiomyopathy, is a syndrome characterized by transient regional left ventricular dysfunction in the absence of significant coronary artery disease. Possible pathogenic mechanisms include catecholamine excess, microvascular dysfunction and multivessel coronary artery spasm. The diagnosis should be suspected in adults who present with a suspected acute coronary syndrome when the clinical manifestations are out of proportion to the degree of elevation in cardiac biomarkers. A physical or emotional trigger is often but not always present. Wall motion abnormalities in patients with stress cardiomyopathy are typically the apical type and atypical variants including mid-ventricular, basal, focal and global types. The differential diagnosis of stress cardiomyopathy includes acute coronary syndromes, coronary artery spasm, myocarditis and pheochromocytoma. A high index of suspicion is key in the diagnosis and management.

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