

Takotsubo Cardiomyopathy Case Reports accepts articles focusing on stress-induced cardiomyopathy in the form of case reports, case series, video case reports, brief communications, commentaries, and editorials. The goal of the open-access, peer-reviewed **Case Reports and Case Series in Cardiology Journal** is to publish high-impact, clinically relevant reports that enhance understanding of this unique and often reversible cardiac condition.

Takotsubo cardiomyopathy, also known as stress-induced cardiomyopathy or “broken heart syndrome,” is characterized by transient left ventricular dysfunction, typically triggered by emotional or physical stress. It often mimics acute coronary syndrome, presenting with chest pain, electrocardiographic changes, and elevated cardiac biomarkers, but without significant obstructive coronary artery disease.

Pathophysiology and Mechanisms

The exact mechanism of Takotsubo cardiomyopathy is not fully understood, but several theories have been proposed:

- Catecholamine surge leading to myocardial stunning
- Microvascular dysfunction
- Coronary artery spasm
- Neurogenic factors associated with stress response

These mechanisms result in temporary dysfunction of the heart muscle, most commonly affecting the apical region of the left ventricle.

Clinical Presentation

Patients with Takotsubo cardiomyopathy often present similarly to acute coronary syndrome:

- Sudden onset chest pain
- Shortness of breath
- Electrocardiographic changes (ST elevation or T-wave inversion)
- Elevated cardiac biomarkers
- Syncope or arrhythmias in severe cases

It is more commonly seen in postmenopausal women and is often preceded by a stressful event.

Diagnostic Approaches

Diagnosis typically involves a combination of clinical and imaging findings:

- Coronary angiography showing no significant obstructive disease
- Echocardiography demonstrating characteristic wall motion abnormalities
- Cardiac MRI to assess myocardial function and exclude myocarditis
- Electrocardiogram (ECG) changes

The hallmark finding is transient left ventricular dysfunction that extends beyond a single coronary artery territory.

Complications

Although often reversible, Takotsubo cardiomyopathy can lead to serious complications:

- Heart failure
- Cardiogenic shock
- Ventricular arrhythmias
- Left ventricular outflow tract obstruction
- Thrombus formation

Early recognition and management are crucial.

Management Strategies

Treatment is largely supportive and may include:

- Standard heart failure therapy (beta-blockers, ACE inhibitors)
- Anticoagulation in selected cases (e.g., ventricular thrombus)
- Management of complications such as arrhythmias or shock
- Psychological support and stress management

Most patients recover within weeks to months with appropriate care.

Role of Case Reports

This section encourages submission of case reports that highlight:

- Atypical presentations of Takotsubo cardiomyopathy
- Rare triggers and underlying mechanisms
- Diagnostic challenges and differentiation from acute coronary syndrome
- Complications and their management
- Long-term outcomes and recurrence

These reports contribute to improving awareness and advancing knowledge of this unique cardiomyopathy.

Manuscript Submission

Authors are requested to submit their manuscript by using Online Manuscript Submission

Portal: <https://www.casereportsincardiology.org/submit.html> (or) also invited to submit through the Journal

E-mail Id: editor@casereportsincardiology.org.