

Summary

A Case of “Takotsubo” Cardiomyopathy Observed with Myocardial Scintigraphy from the Acute Phase

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A 57-year-old woman was emergently admitted to our hospital because of chest oppression. On examination, blood pressure was 174/96 mmHg, pulse rate was 90/min and coarse crackle and third heart sound were audible. On laboratory data, the levels of LDH and CPK-MB were mildly elevated. Electrocardiogram (ECG) demonstrated elevation of the ST segment in leads I, aV_L and V₂–V₅. ^{99m}Tc-tetrofosmin myocardial SPECT (TF) showed severely reduced uptake in the apex and anterior wall. Emergent coronary angiography (CAG) did not show any stenotic lesion. Left ventriculography (LVG), however, demonstrated akinesis of the apex, anterior, and inferior walls, and basal hyperkinesis. On the second hospital day, ECG demonstrated inverted T wave in leads I, aV_L and V₂–V₅. ¹²³I-BMIPP myocardial SPECT (BMIPP) and

¹²³I-MIBG myocardial SPECT (MIBG) were performed on the second and fourth hospital days, respectively. These cardiac images showed severely reduced uptake equally. TF, BMIPP, and MIBG were re-examined on the eighth, tenth, and twelfth hospital days, respectively. MIBG, BMIPP, and TF showed reduced uptake in order of severity. On the fourteenth hospital day, CAG and LVG were re-examined. Coronary vasospasm provocation test was negative using ergonovine and acetylcholine, and LVG did not demonstrate any sign of asynergy. We considered that this case was “Takotsubo” cardiomyopathy and might be caused by microvascular spasm.

Key words: “Takotsubo” cardiomyopathy, Myocardial scintigraphy, Acute phase.