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Stress Induced Cardiomyopathy Is Rare –Case Report

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ABSTRACT
Stress Induced Cardiopyopathy Is Rare Disorder, But Increasing Incidence Among Emotional Sterss, Anxiety, Post Menopausal Women.

INTRODUCTION

Stress induced cardiomyopathy is a very rare condition and has to be differentiated from myocardial infarct. The incidence of Stress induced cardiomyopathy is 1-2% in patients diagnosed with MI. These individuals are usually postmenopausal females (90%). The average age is 62-75 years old.

Usually Stress induced cadiomyopathy is triggered by emotional stress, physical stress. The onset is insidious and presents with chest pain at rest. Must have all 4 criteria to be diagnosed

• Transient hypokinesis, akinesis, or dyskinesis of the LV midsegments

• Absence of obstructive coronary artery or angiographic evidence of acute plaque rupture

• New ECG abnormalities or elevated cardiac troponin

• Absence of recent head trauma, intracranial bleeding, pheochromocytoma, myocarditis, and hypertrophic cardiomyopathy

CASE REPORT

A 65 year old post menopausal lady , known dm,htn on regular medications came with h/o anterior chest discomfort radiating to back around 12 hours duration on and off . no h/o doe, no h/o aoe past .she is a administrator by occupation .on examination cvs – s1 s2 +,no murmur ,rs- vbs ,no added sounds, abdomen –soft , non tender,no organomegaly

ECG- sr, poor progression of r wave in v1-v4. echo – mid, distal ivs apex hypokinetic, basal ivs,posterior wall hypercontractile, mild lv systolic dysfunction , lvef- 50%.

troponin –i 0.06 ug/l (normal less then 0.01 ug/l) hb 13.6 gm%,wbc 9500 ul,platelet count 181000 lakhs/ul,urea 25 mg, creatinine 0.7 mg ,na 135 meq/l, k 4 m eq/l, cl 105 m eq/l.urine routine – normal ,total cholestrol 204 mg,tgl 243 mg,hdl 37mg,ldl 117 mg, rbs 120mg.

Cag –insignificant cad (prox lad minor plaque,major om 30 %).

Patient was diagnosed to have sterss induced cardiomyopathy.

Patient is managed with t.ecosprin, t.clopilet, t.atorva, t.telmisartan, oha other supportive medications. Patient is given for complete bed rest.

After 3 days echocardiogram repeated, which was shown no rwma, normal lv systolic function, lvef-60 %.

CONCLUSION

Sterss Induced Cardiomyopathy Is Rare, And It's A Non Ischemic Cardiomyopathy, Increasing Incidence Among Postmenopausal Women.

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