Epidemiološki i klinički profil bolesnica liječenih u Kliničkom bolničkom centru Rijeka s otpusnom dijagnozom takotsubo kardiomiopatije: iskustvo centra

Epidemiological and clinical profile of the patients treated in Clinical Hospital Centre Rijeka with discharge diagnosis of takotsubo cardiomyopathy: single-centre experience

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KLJUČNE RIJEČI: bolesnice, klinički profil, takotsubo kardiomiopatija.

KEYWORDS: clinical profile, female patients, takotsubo cardiomyopathy.

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Uvod: Takotsubo kardiomiopatija (TTK) se opisuje 25 godina kao poseban oblik abnormalnosti funkcije lijeve klijetke bez znakova opstrukcije koronarnih arterija^{1,2}. American Heart Association je 2006. godine priznalo TTK kao oblik stečene kardiomiopatije³. Cilj je prikazati epidemiološki i klinički profil bolesnica s otpusnom dijagnozom TTK liječenih na Zavodu za kardiovaskularne bolesti Kliničkog bolničkog centra (ZZKB KBC) Rijeka.

Pacijenti i metode: Retrospektivna analiza s otpusnom dijagnozom TTK, u razdoblju od 2012. do 2016. godine (20 bolesnica). Podaci su prikupljeni iz baze podataka ZZKB KBC Rijeka.

Rezultati: Medijan dobi bio je 62 (raspon 46-92) godine. Prosječna duljina boravka 4-5 dana. Arterijski tlak pri prijemu iznosio je 134 ± 21/ 82 ± 13 mmHg i puls 90 ± 23 u minuti. U anamnezi, 60 % bolesnica imalo je hiperlipoproteinemiju, 55 % arterijsku hipertenziju, 30 % šećernu bolest, 25 % neoplazme, 10 % kroničnu opstruktivnu bolest pluća, 10 % hipotireozu i 5 % kroničnu cerebrovaskularnu bolest. Emocionalni okidači bili su: panični događaj (30 %), smrtni slučaj (15 %), ljutnja/svađa (10 %) i interpersonalni konflikt (5 %). Tjelesni okidači bili su: perioperativno uznemirenje (10 %) i maligna bolest (5 %). Vrijednost troponina T (TnT) po prijemu bila je 399.7 ± 393.6 ng/L, a po otpustu 176.8 ± 243.0 ng/L. U 55 % bolesnica, u EKG-u je bila prisutna ST-elevacija u prekordijalnim odvodima, u 15 % u inferiornim. Negativan T val u prekordijalnim i/ili inferiornim odvodima bio je prisutan u 80 % bolesnica. Vrijednost ejekcijske frakcije (EF) bila je 44 ± 13 %. Očuvanu EF (≥ 50 %), imalo je 40 % bolesnica, EF srednje vrijednosti (40-49 %) imalo je 25 % bolesnica, a 35 % bolesnica imalo je reduciranu (<40 %) EF. Baloniranje apeksa lijeve klijetke bilo je prisutno u 95 % bolesnica. Svim bolesnicama je bila učinjena koronarografija i znakovi opstruktivne koronarne bolesti nisu pronađeni. U 10 (50 %) bolesnica učinjena je ventrikulografija, a apikalno baloniranje pronađeno je u njih 8 (80 %).

Introduction: Takotsubo cardiomyopathy (TTC) has been described, for the past 25 years, as the specific form of left ventricular abnormality without signs of coronary arteries obstruction^{1,2}. In 2006, the American Heart Association has recognized TTC as a form of acquired cardiomyopathy³. **Aim:** To demonstrate epidemiological and clinical profile of the patients with a discharge diagnosis of TTC, treated in the Department of Cardiovascular Diseases, Clinical Hospital Centre Rijeka.

Patients and Methods: Retrospective analysis, with the discharge diagnosis of TTC, in the period 2012-2016 (20 female patients). Data has been collected from the Department's database.

Results: Median age was 62 (range 46 to 92) years. Average length of hospitalization was 4-5 days. On the arrival, blood pressure was 134±21/82±13 mmHg and puls was 90±23 per minute. From the medical history: 60% of the patients had hyperlipoproteinemia, 55% arterial hypertension, 30% diabetes, 25% neoplasms, 10% chronic obstructive pulmonary disease, 10% hypothyroidism, and 5% had chronic cerebrovascular disease. Emotional triggers were: panic attack (30%), personal loss (15%), anger/conflict (10%), and interpersonal conflict (5%). Physical triggers were perioperative anxiety (10%) and malignancy (5%). Troponin T level (TnT) on the arrival was 399.7±393.6 ng/L, whilst on the day of discharge it was 176.8±243.0 ng/L. ECG showed ST-segment elevation in the precordial leads in the 55% of the patients, and in the inferior leads in 15%. Negative T wave was present in the precordial and/or inferior leads in the 80% of the patients. The ejection fraction (EF) value (ultrasound) was 44±13%. 40% of patients had preserved (≥50%) EF, 25% had mid-range (40-49%) EF, and 35% of patients had reduced (<40%) EF. Apical ballooning of the left ventricle was present among 95% of the patients. All patients underwent coronarography, and no signs of obstruc-

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Zaključak: Kliničku prezentaciju TTC je nemoguće razlikovati od akutnog infarkta miokarda, ipak na nju treba promišljati u određenog profila bolesnika. To su bolesnice u postmenopauzi, s prisutnim emocionalnim/tjelesnim okidačem, umjereno povišenih vrijednosti TnT-a, s disfunkcijom lijeve klijetke i urednom koronarografijom.

tive coronary disease were found. 10 patients (50%) underwent ventriculography, and 8 (80%) of them showed apical ballooning.

Conclusion: Clinical presentation of TTC is impossible to distinguish from the acute myocardial infarction, but it's crucial to be taken into observation among certain patient profile. Those are females in the postmenopause with evident emotional/physical trigger, moderately increased TnT, left ventricle dysfunction and normal coronarography.

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