

ECOCARDIOGRAFIA NELLA SINDROME CORONARICA ACUTA E CRONICA

Caso Clinico 1:

Sindrome Coronarica Acuta

Dott.ssa Serena Migliarino, MD
AOU San Giovanni di Dio e Ruggi d'Aragona

10° CONGRESSO NAZIONALE

CAMPUS
cuore

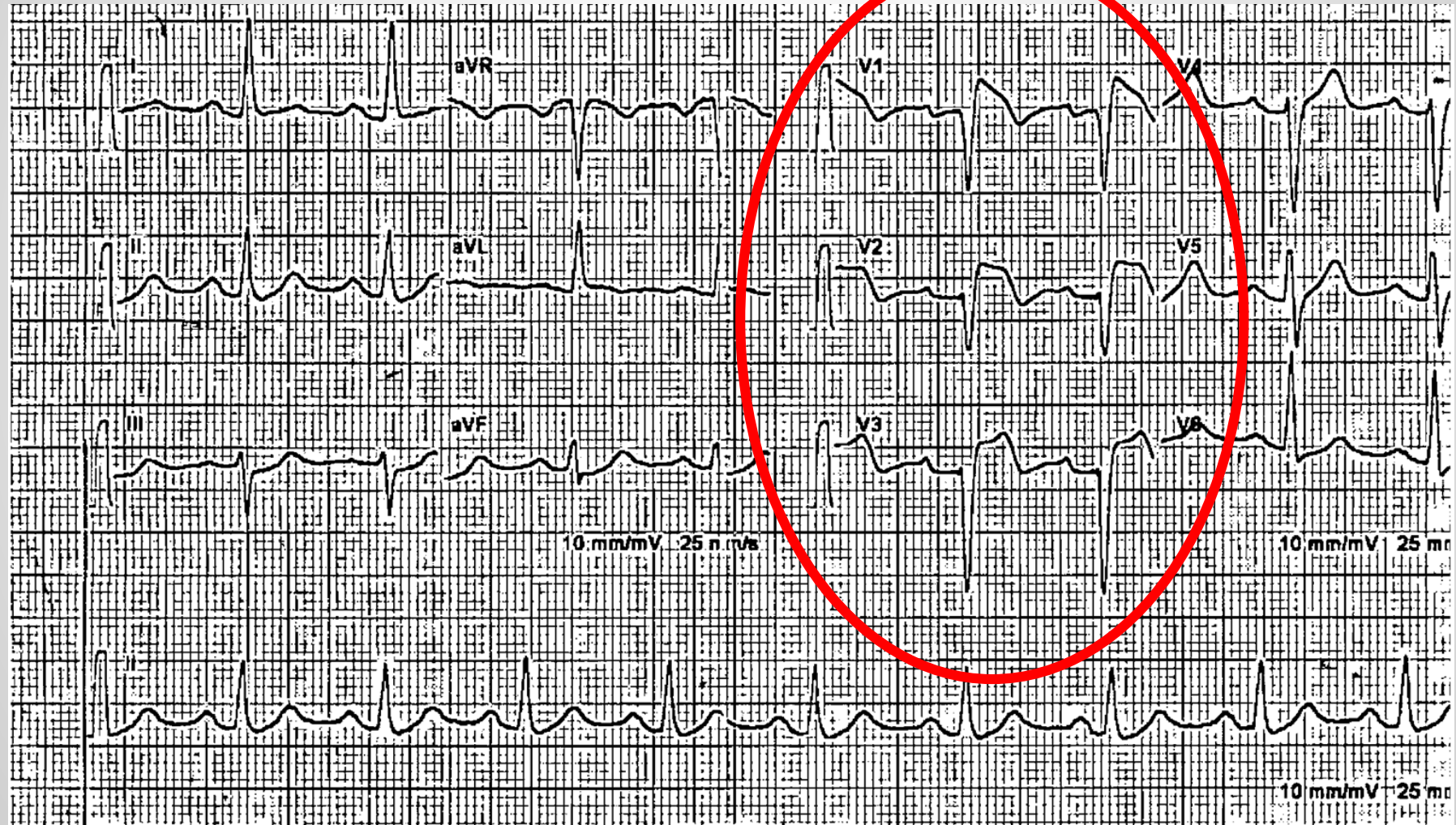
Quello che le Linee Guida Non Dicono

Napoli, Hotel Excelsior, 14-15 aprile 2023

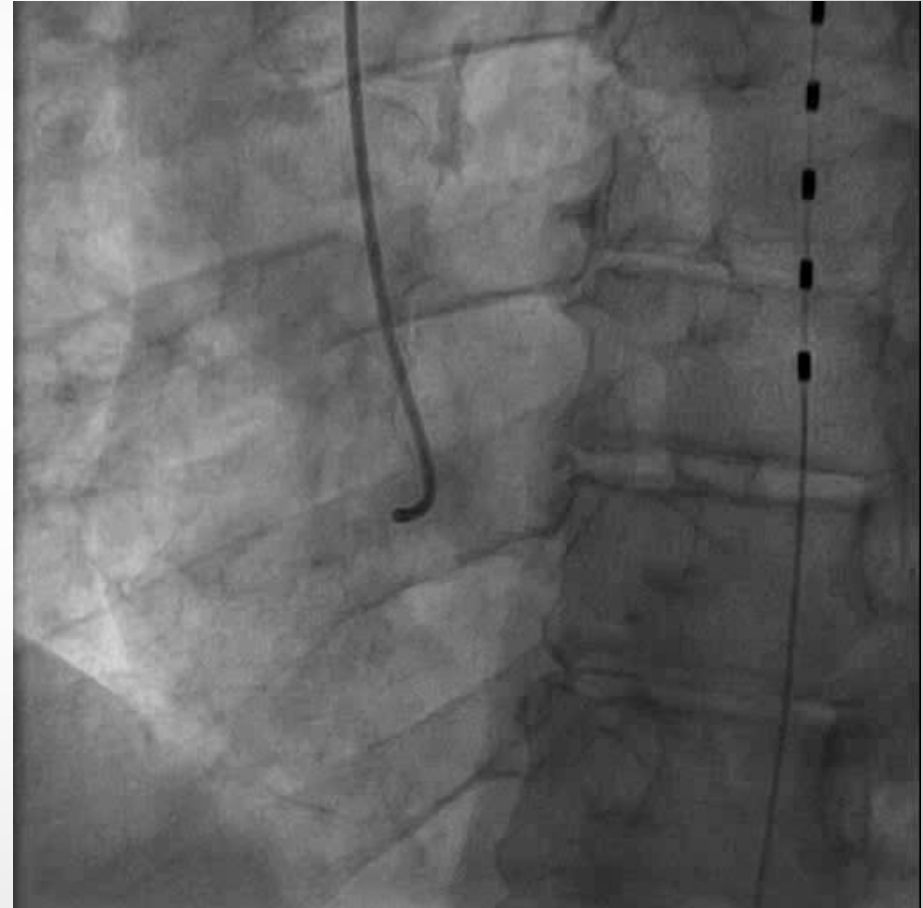
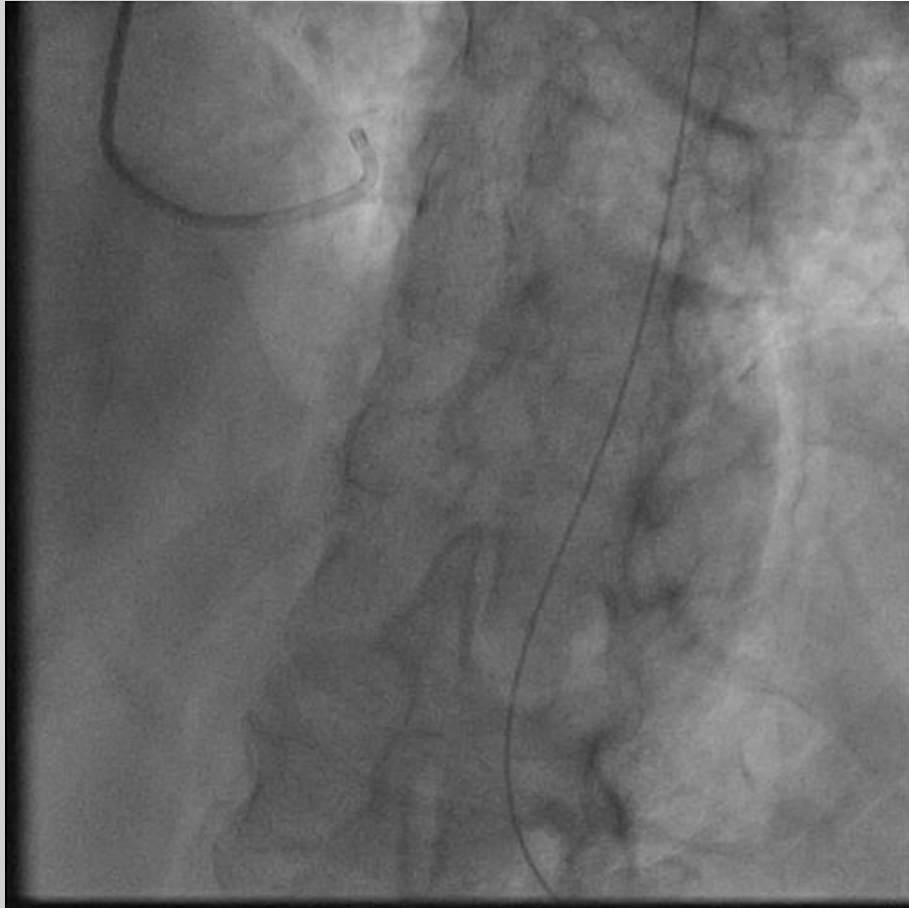


- Donna, 80 anni
- Si ricovera presso l'UO di Chirurgia Vascolare per eseguire intervento di endoprotesi per aneurisma aorta addominale
- In anamnesi:
 - ipertensione arteriosa
 - diabete mellito tipo 2
 - sindrome ansioso depressiva
- In prima giornata post operatoria riferisce angor e dispnea con aumento degli enzimi di miocardionecrosi (Tnlhs: 1483 pg/ml)

ECG



CORONAROGRAFIA



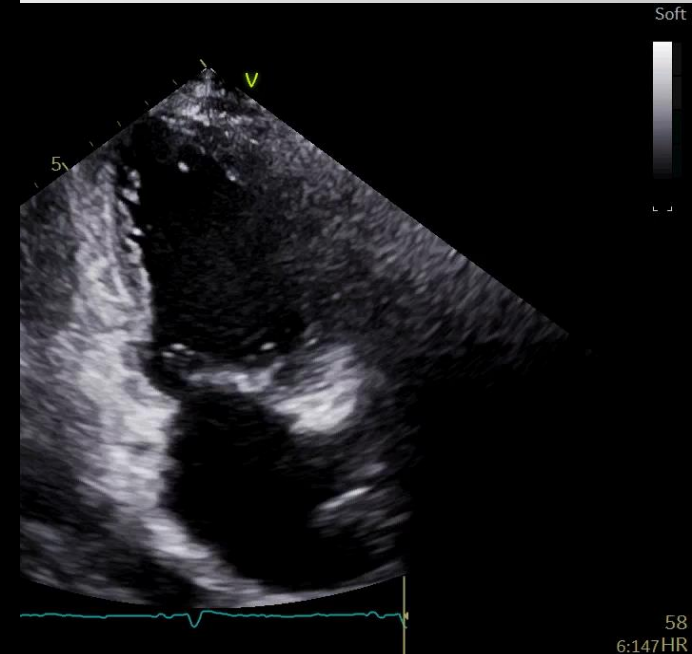
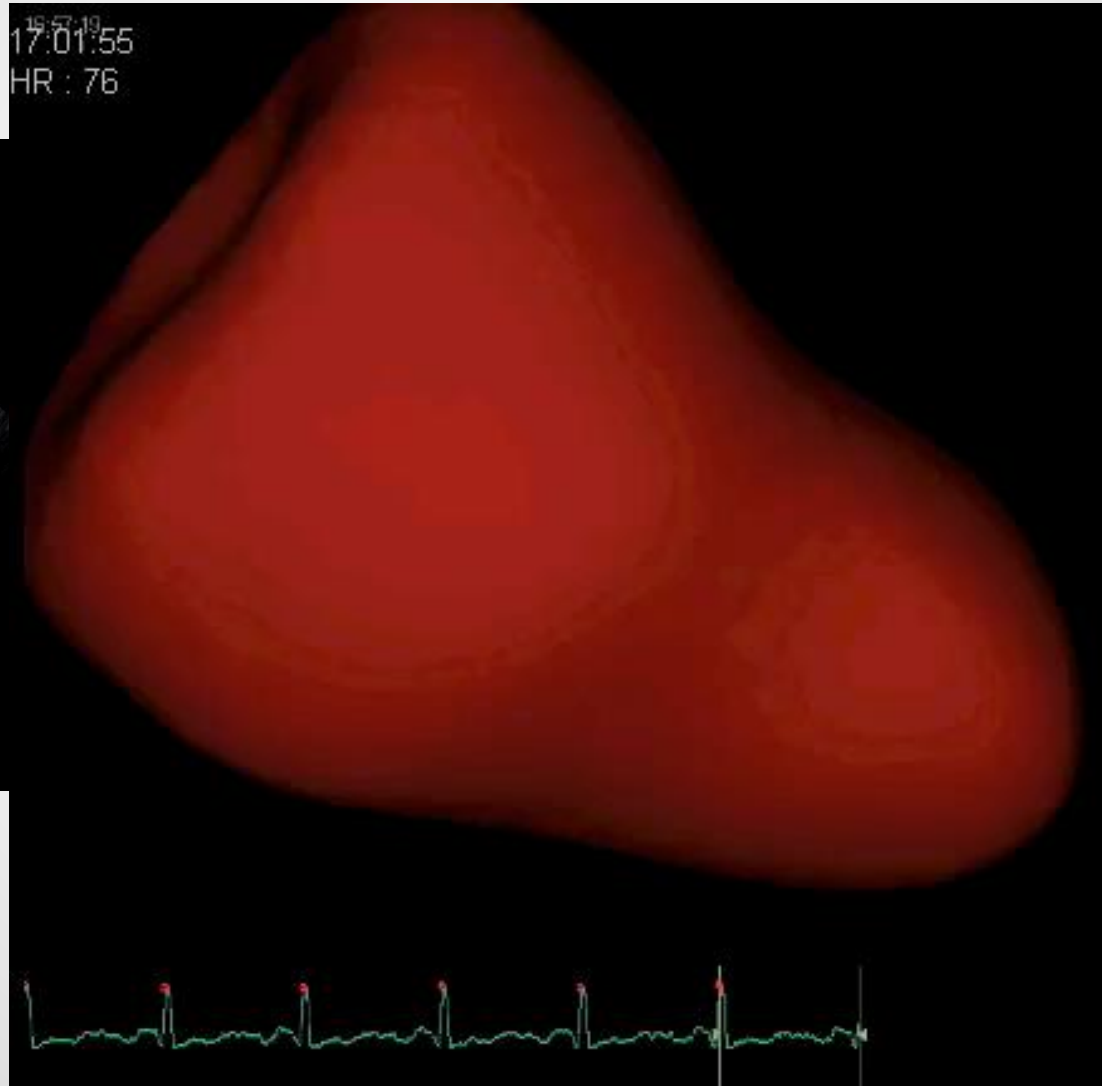
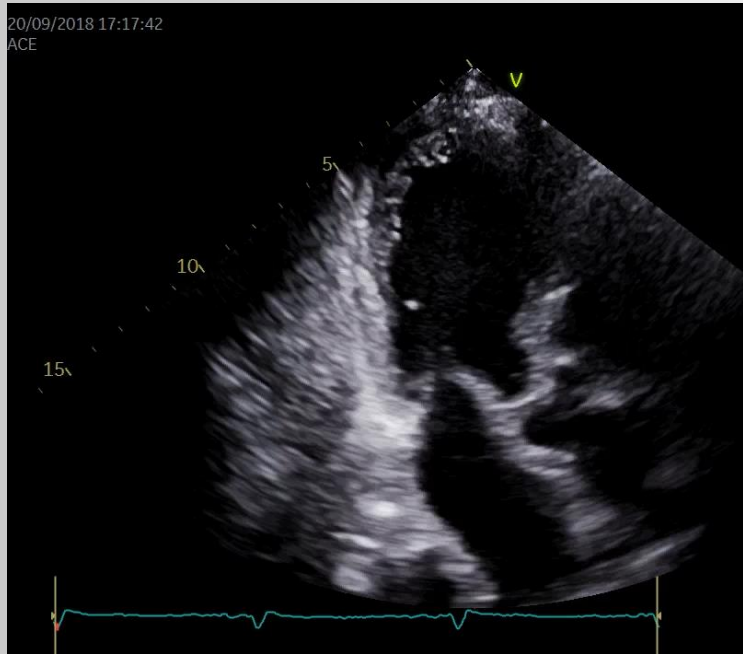
VENTRICOLOGRAFIA

Apical ballooning

Takotsubo Syndrome?

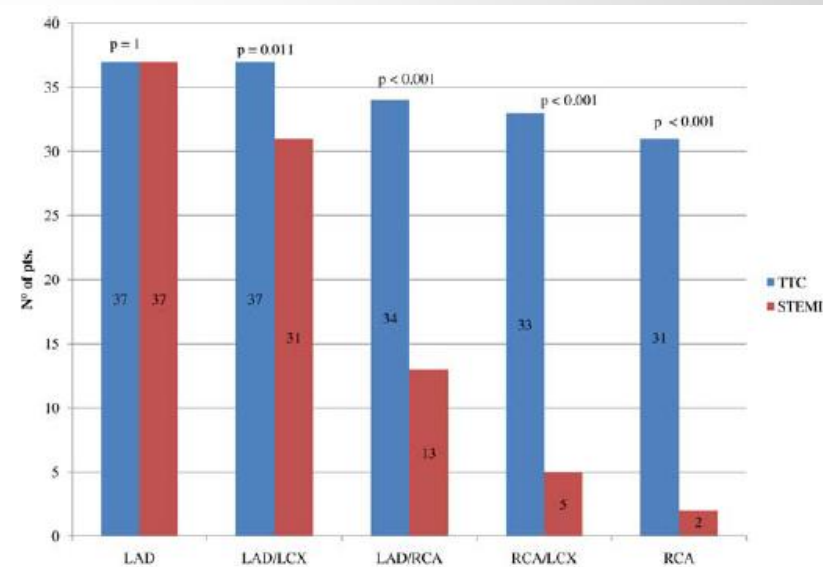
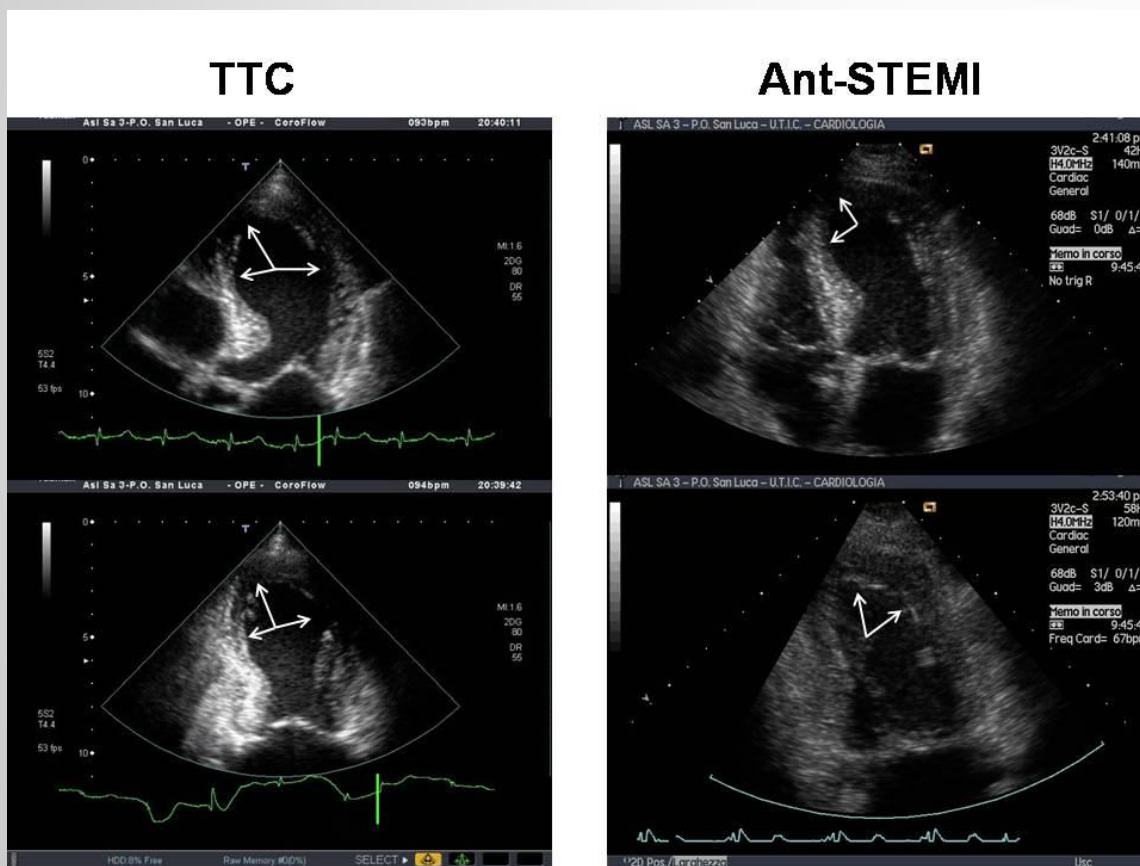


ECOCARDIOGRAMMA



FE : 35 %

Echocardiographic assessment of regional left ventricular wall motion abnormalities in patients with tako-tsubo cardiomyopathy: comparison with anterior myocardial infarction



Citro R. et al. *Eur J of Echocardiogr* 2011; 12:542-549



EUROPEAN
SOCIETY OF
CARDIOLOGY®

European Journal of Heart Failure (2015)

doi:10.1002/ejhf.424

REVIEW

Current state of knowledge on Takotsubo syndrome: a Position Statement from the Taskforce on Takotsubo Syndrome of the Heart Failure Association of the European Society of Cardiology

Alexander R. Lyon^{1,2,*}, Eduardo Bossone³, Birke Schneider⁴, Udo Sechtem⁵, Rodolfo Citro⁶, S.Richard Underwood^{1,2}, Mary N. Sheppard⁷, Gemma A. Figtree^{8,9}, Guido Parodi¹⁰, Yoshihiro J. Akashi¹¹, Frank Ruschitzka¹², Gerasimos Filippatos¹³, Alexandre Mebazaa¹⁴, and Elmir Omerovic¹⁵

Box 1 Heart Failure Association diagnostic criteria for Takotsubo syndrome

1. Transient regional wall motion abnormalities of LV or RV myocardium which are frequently, but not always, preceded by a stressful trigger (emotional or physical).

circumferential dysfunction of the ventricular segments involved.

3. The absence of culprit atherosclerotic coronary artery disease including acute plaque rupture, thrombus formation, and coronary dissection or other pathological conditions to explain the pattern of temporary LV dysfunction observed (e.g. hypertrophic cardiomyopathy, viral myocarditis).
4. New and reversible electrocardiography (ECG) abnormalities (ST-segment elevation, ST depression, LBBB^b, T-wave inversion, and/or QTc prolongation) during the acute phase (3 months).
5. Significantly elevated serum natriuretic peptide (BNP or NT-proBNP) during the acute phase.
6. Positive but relatively small elevation in cardiac troponin measured with a conventional assay (i.e. disparity between the troponin level and the amount of dysfunctional myocardium present).^c
7. Recovery of ventricular systolic function on cardiac imaging at follow-up (3–6 months).^d

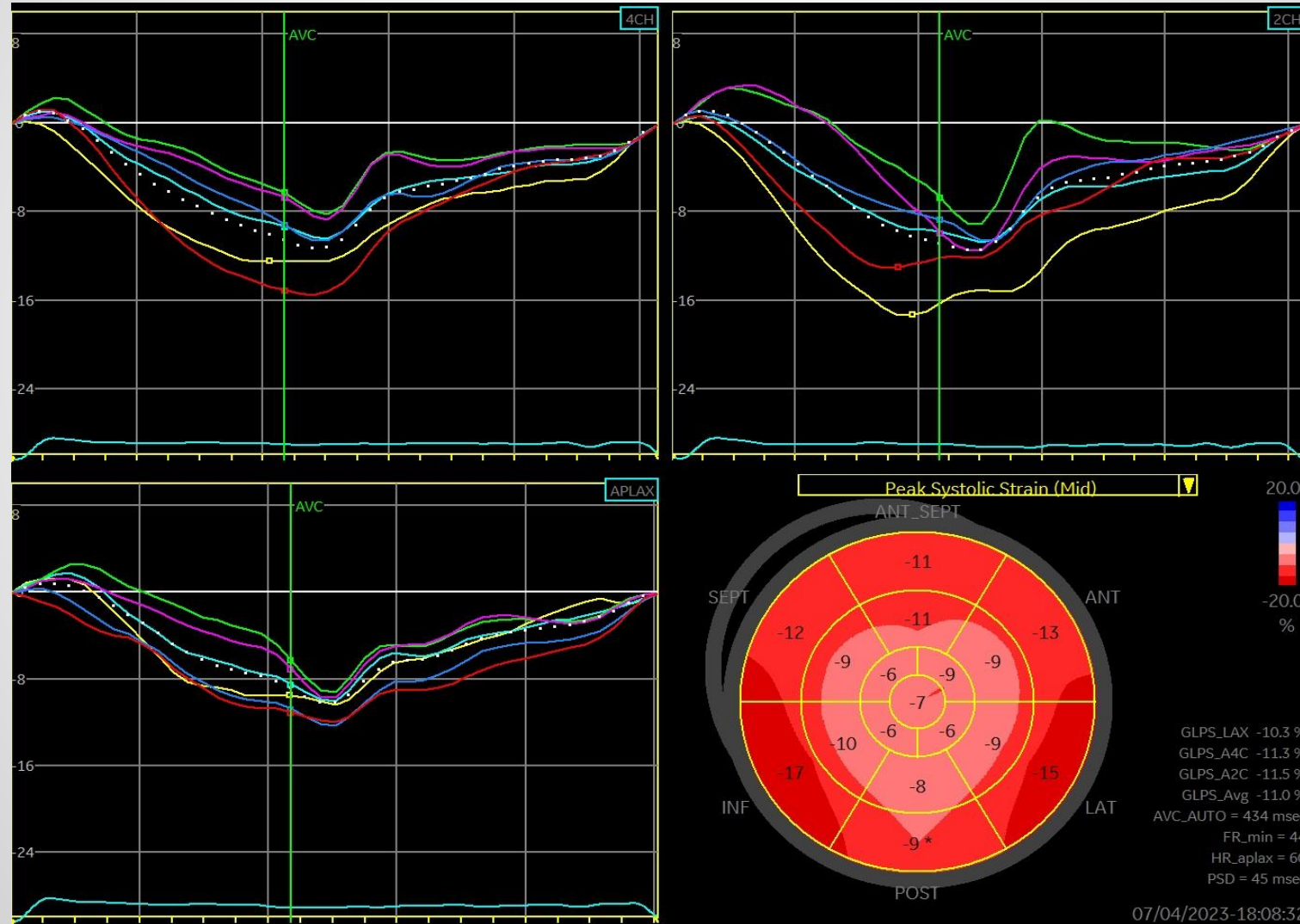
^aAcute, reversible dysfunction of a single coronary territory has been reported.

^bLeft bundle branch block may be permanent after Takotsubo syndrome, but should also alert clinicians to exclude other cardiomyopathies. T-wave changes and QTc prolongation may take many weeks to months to normalize after recovery of LV function.

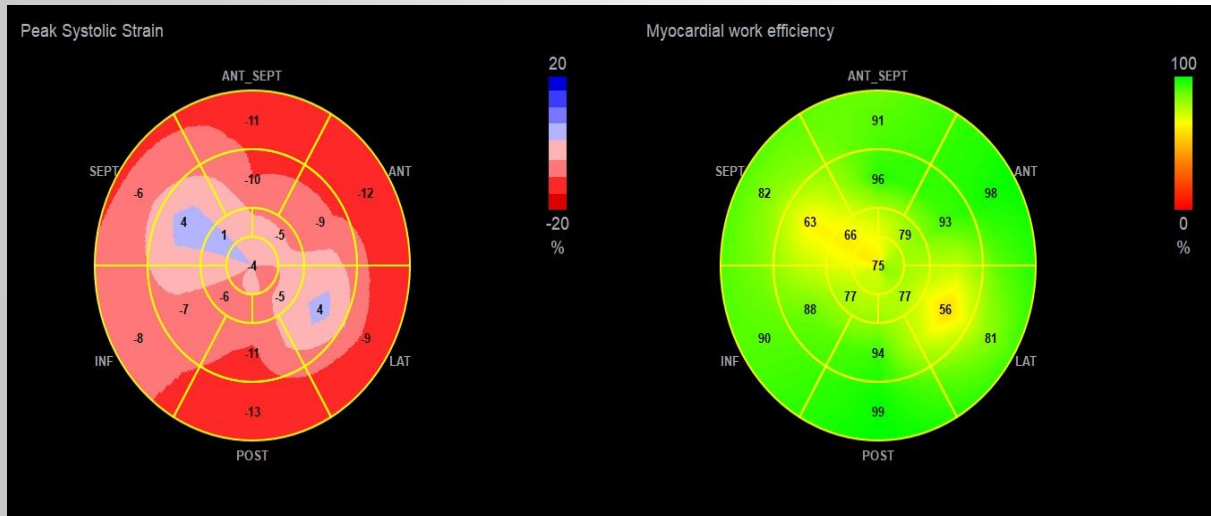
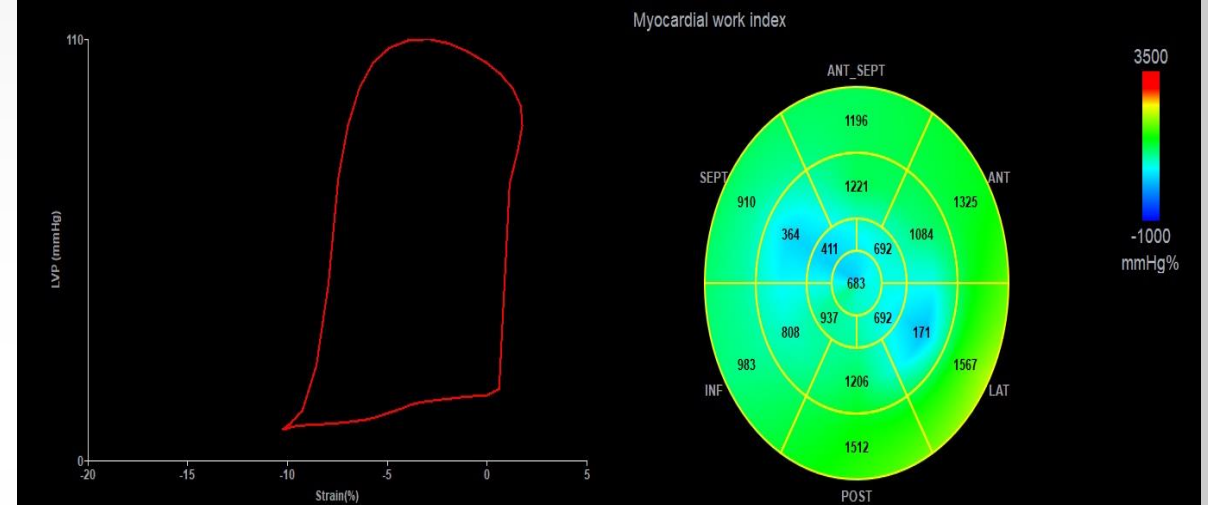
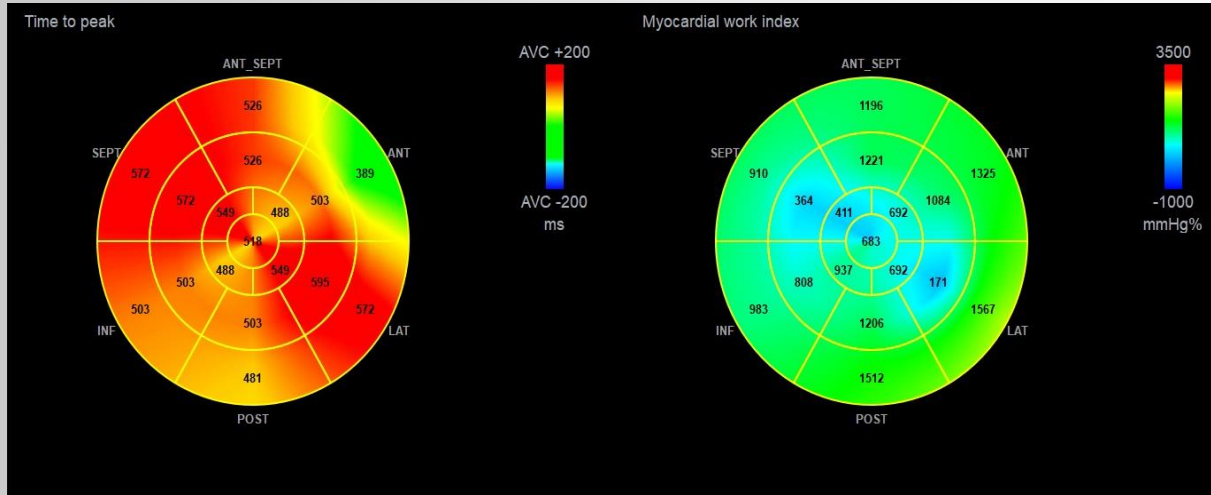
^cTroponin-negative cases have been reported, but are atypical.

^dSmall apical infarcts have been reported. Bystander subendocardial infarcts have been reported, involving a small proportion of the acutely dysfunctional myocardium. These infarcts are insufficient to explain the acute regional wall motion abnormality observed.

GLOBAL LONGITUDINAL STRAIN IN FASE ACUTA



MYOCARDIAL WORK IN FASE ACUTA

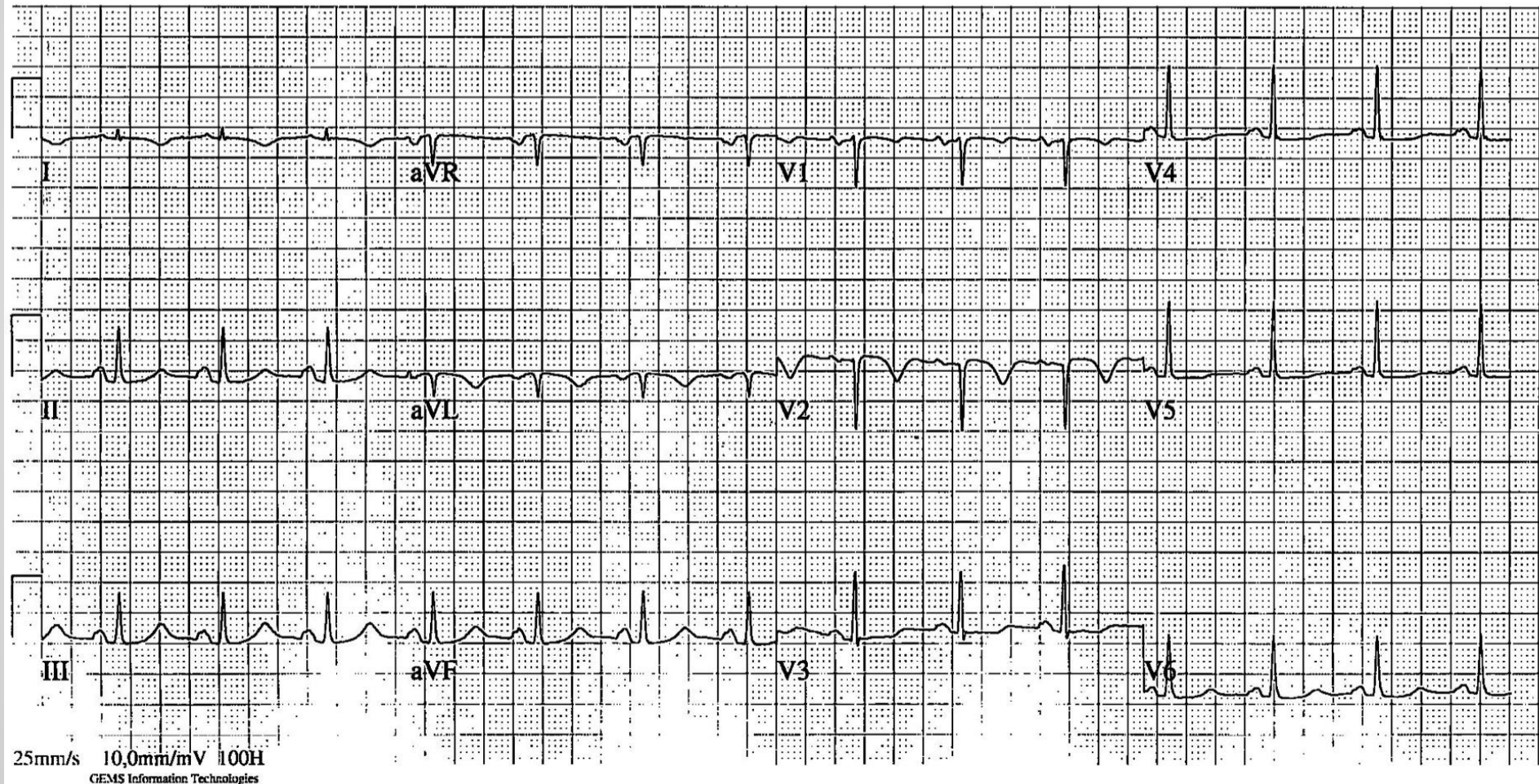


Dopo una settimana la paziente è stata dimessa in buone condizioni di salute

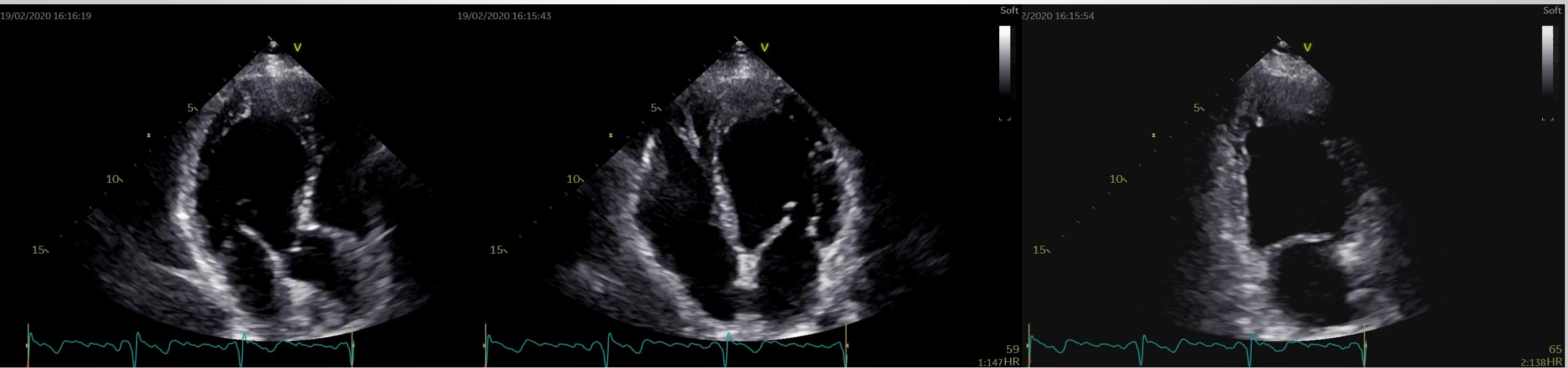
- *Bisoprololo 2,5 mg/die*
- *Ramipril 10 mg/die*
- *Cardioaspirin 100 mg/die*
- *Torvast 10 mg/die*
- *Pantoprazolo 20 mg/die*
- *Terapia diabetologica*
- *Xanax 0,5 mg/die*



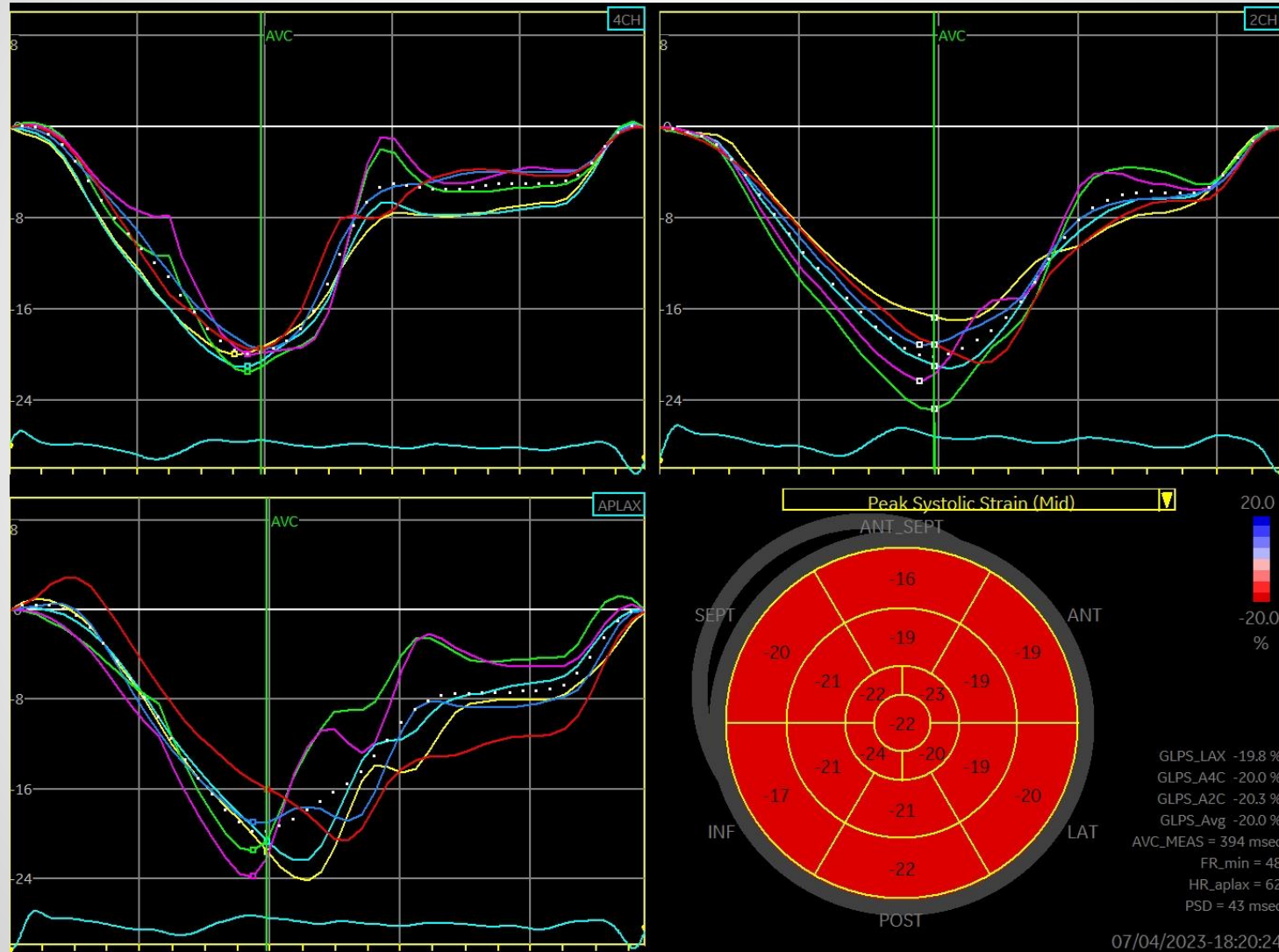
FOLLOW UP I MESE POST EVENTO: ECG



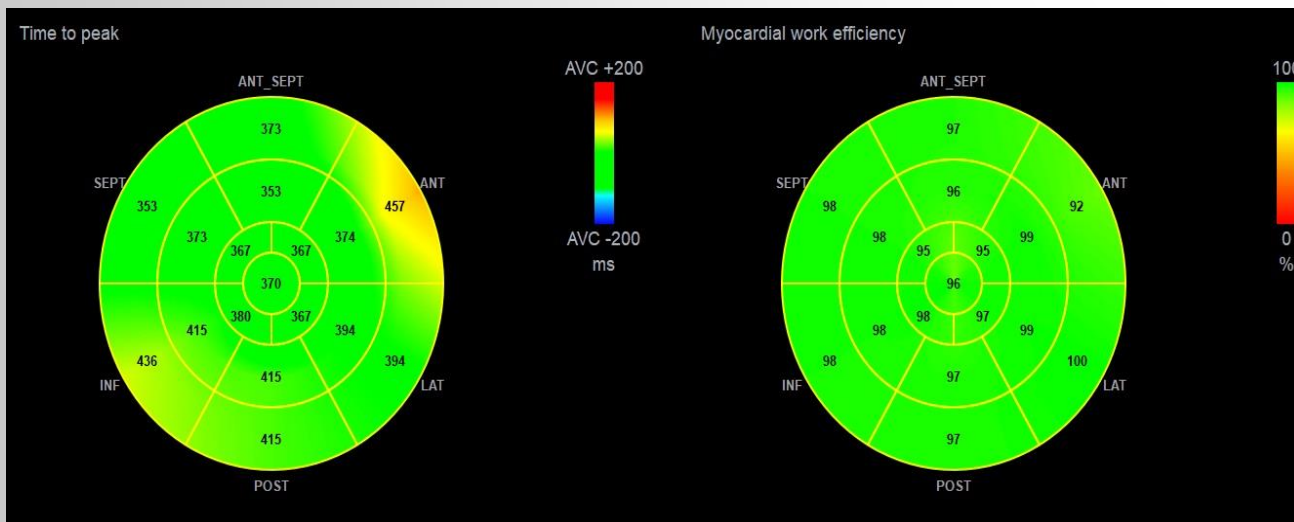
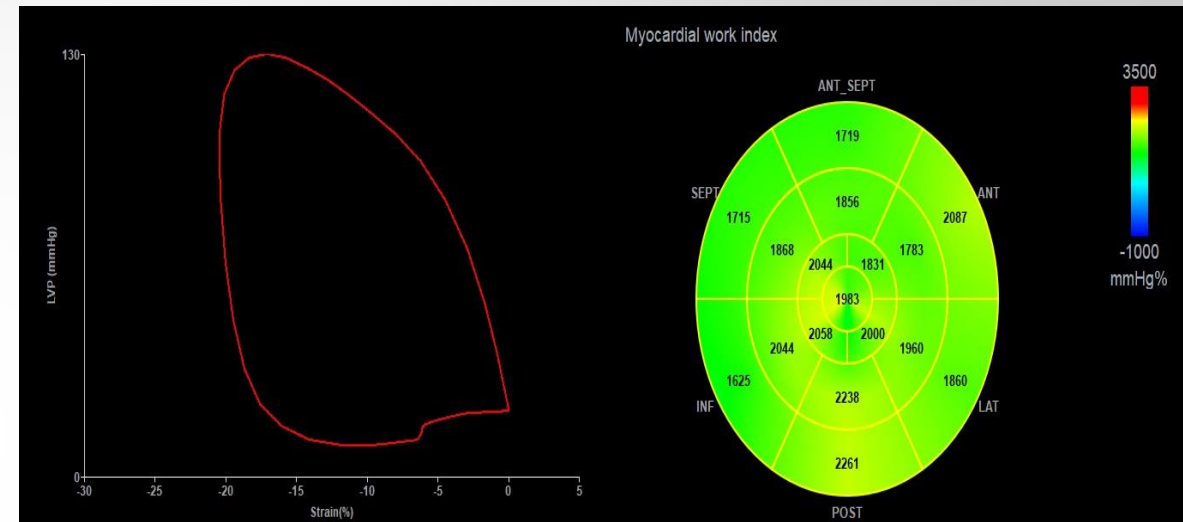
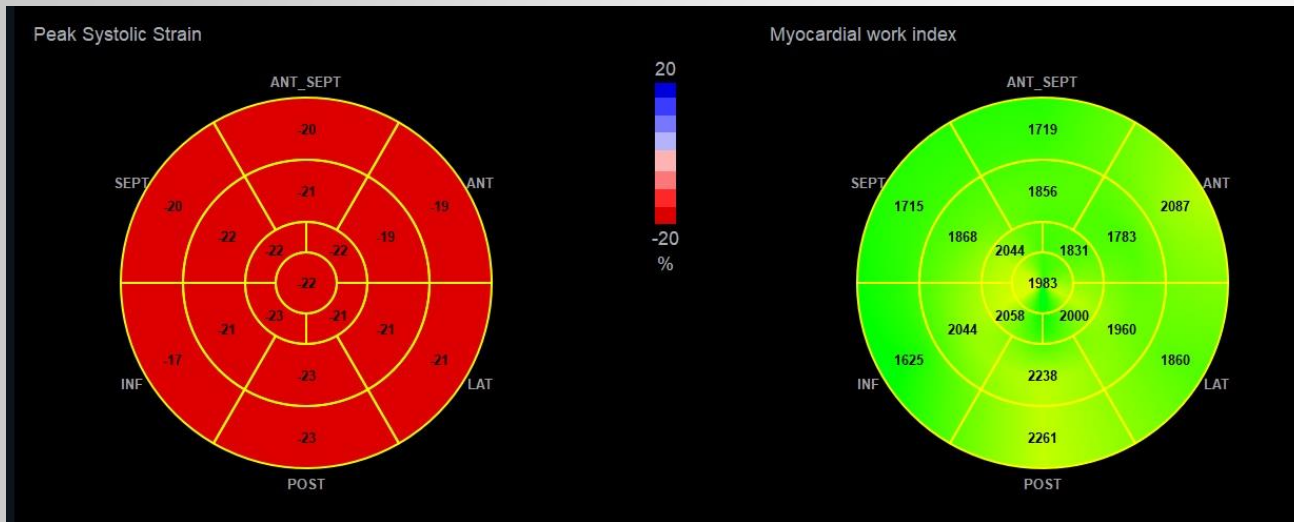
FOLLOW UP A 1 MESE DALL'EVENTO



GLOBAL LONGITUDINAL STRAIN FOLLOW UP

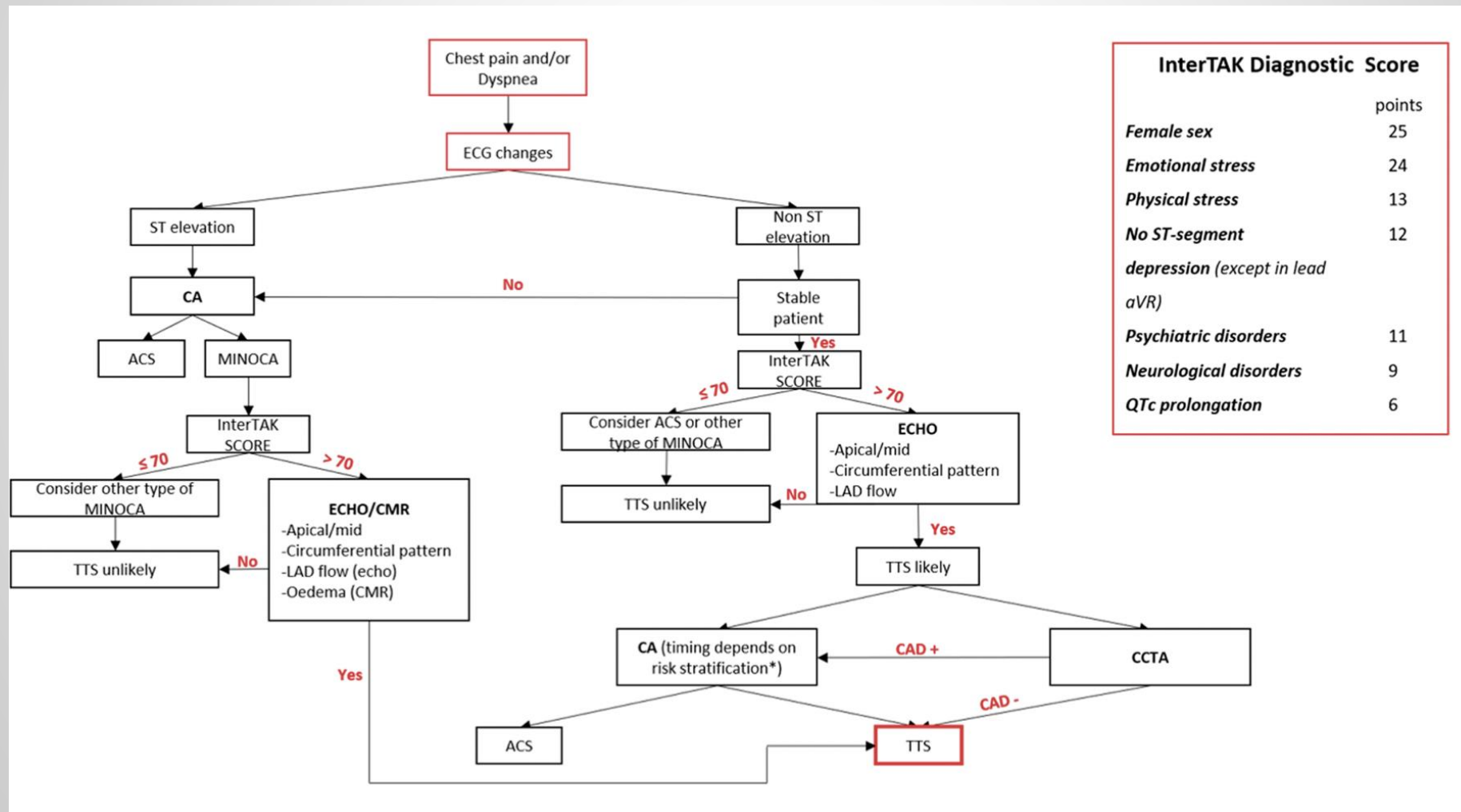


MYOCARDIAL WORK FOLLOW UP



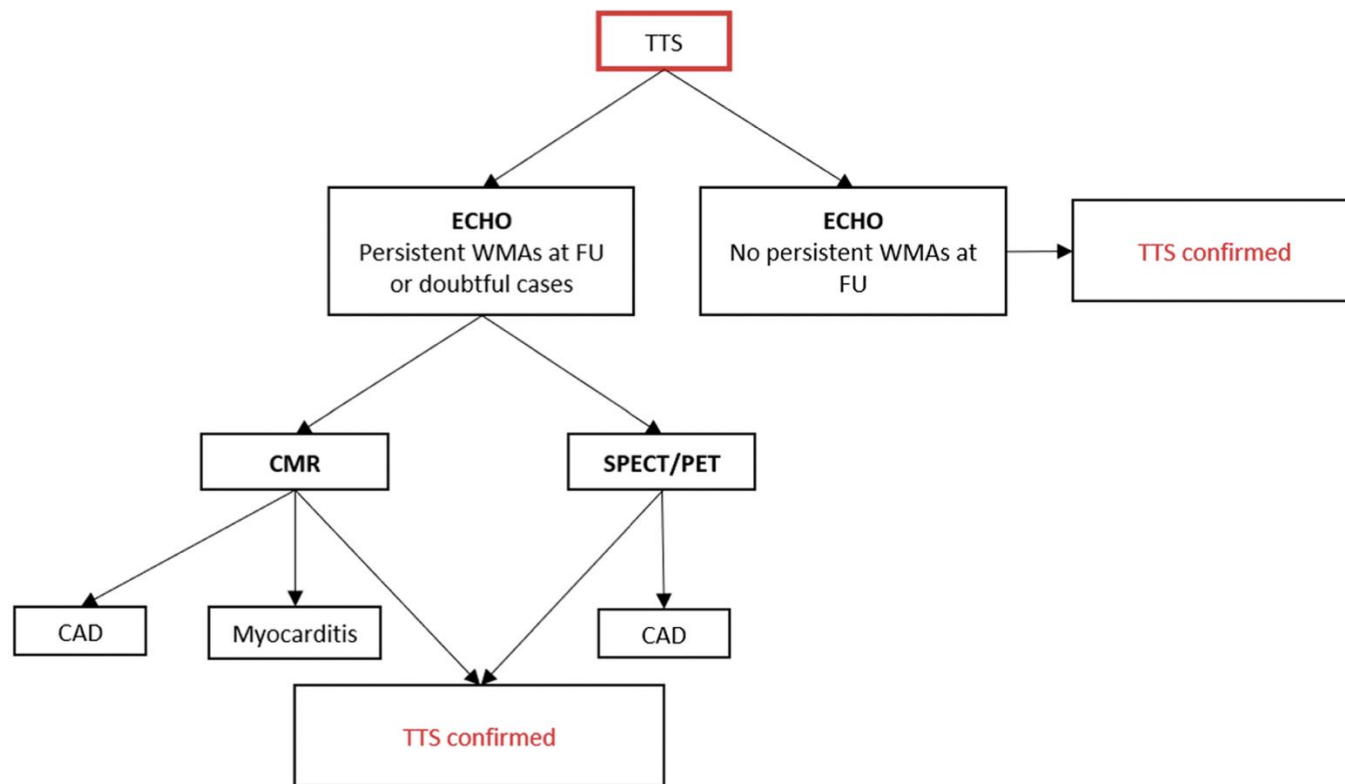
Multimodality imaging in takotsubo syndrome: a joint consensus document of the European Association of Cardiovascular Imaging (EACVI) and the Japanese Society of Echocardiography (JSE)

Rodolfo Citro¹ · Hiroyuki Okura² · Jelena R Ghadri³ · Chisato Izumi⁴ · Patrick Meimoun⁵ · Masaki Izumo⁶ · Dana Dawson⁷ · Shuichiro Kaji⁸ · Ingo Eitel^{9,10} · Nobuyuki Kagiya¹¹ · Yukari Kobayashi¹² · Christian Templin³ · Victoria Delgado¹³ · Satoshi Nakatani¹⁴ · Bogdan A Popescu^{15,16}



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GRAZIE PER L'ATTENZIONE