

# Takotsubo cardiomyopathy

## Therapeutic management

- Initially, these patients should be evaluated & treated in a manner similar to patients with acute coronary syndrome (ACS).



In patients who present with a clinical picture consistent with a STEMI, the suspicion of takotsubo is not a reason to alter management. Immediate invasive diagnostics is needed.

- The initial management of takotsubo is largely supportive:

- hydration – fluid resuscitation.
- attempt to alleviate physical *or* emotional stress.
- standard medication for heart failure – ie. ACE-I,  $\beta$ -blocker, diuretics.
- LMW heparin to prevent LV apical thrombus formation.

- Some takotsubo patients will develop hypotension/shock, due to:

- severe systolic dysfunction, *or*
- LVOT obstruction

⇒ an **urgent echocardiography** should be performed

LVOT obstruction  
excluded

**Inotropics i.v.**

e.g. dobutamine  
dopamine

Moderate-to-severe  
LVOT obstruction

**$\beta$ -blocker i.v.**

±  $\alpha$ -agonist i.v.

- In patients with severe hypotension or refractory shock, the placement of an intra-aortic balloon pump (IABP) may be considered.



As afterload reduction by IABP may worsen the degree of obstruction in patients with LVOT obstruction, it is recommended to evaluate the LVOT gradient in the presence and absence of IABP counter-pulsation.