

中文題目：除痣美容手術誘發之章魚壺心肌症

英文題目：Takotsubo Cardiomyopathy in a Young Women Following by Cosmetic Surgery of Laser Elimination Nevus under Local Anesthesia

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Background:

Takotsubo cardiomyopathy is a type of non-ischemic cardiomyopathy in which there is a sudden temporary weakening of the muscular portion of the heart. Stress cardiomyopathy is a well-recognized cause of acute heart failure, lethal ventricular arrhythmias, and ventricular rupture.

We would like to describe the occurrence of Takotsubo cardiomyopathy in a young women following by laser elimination nevus under local anesthesia.

Case Report:

This is a 30-year-old woman who denied any systemic disease and smoking habit. Chest tightness with progression was complained after laser elimination nevus under local anesthesia. She was brought to ER with GCS of E4M5V6, BP: 115/97 mmHg, HR: 110/min RR: 20/min BT:36C. Physical examination showed chest tightness without radiation, warm extremities without cyanosis. Laboratory investigations showed CK:37 U/L, Troponin I:0.09 ng/mL. No leukocytosis or elevation of CRP was found. ST-segment elevation in V1-V4 was noted in ECG. Under the tentative impression of STEMI, emergent cardiac catheterization was done. Surprisingly, there was no evidence of coronary occlusion in all coronary arteries. However, left ventriculography revealed apical ballooning akinesis with basal hyperkinesis during systole and reduced ejection fraction. Takotsubo cardiomyopathy was diagnosed under above findings. After medical conservative treatment, the ST segment change went back to baseline. She was discharged on the 3rd hospital day.

Discussion:

Patients with takotsubo cardiomyopathy had a higher prevalence of neurologic or psychiatric disorders than did those with an acute coronary syndrome. Physical triggers, acute neurologic or psychiatric diseases, high troponin levels, and a low ejection fraction on admission were independent predictors for in-hospital complications. This disease presents diverse cardiac complications in acute phase, such as life-threatening ventricular arrhythmias, pump failure, cardiac rupture, and systemic embolism. The pathogenic mechanism of this disease is still unclear but sympathetic hyperactivity, as well as coronary vasospasm, microcirculatory disorder, and estrogen deficiency, have been considered as one of the most likely pathogenic mechanism.