CLINICAL PRESENTATIONS IN AN ETHNICALLY DIVERSE TAKOTSUBO CARDIOMYOPATHY POPULATION

Poster Contributions
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Background: According to the majority of studies reported to date, Takotsubo cardiomyopathy (TTC) is more frequently diagnosed in postmenopausal females. TTC has also been mostly described in Caucasians and Asians. Given the paucity of data on African Americans who developed TTC, we sought to describe the clinical features and outcomes of this specific patient population and compare them with a Caucasian population.

Methods: We conducted a retrospective descriptive study reviewing patients with the discharge diagnosis of TTC from 2003-2013. Inclusion criteria were as per modified Mayo criteria recommendations. A total of 41 consecutive Caucasian (CC) cases were compared to 42 consecutive African American (AA) cases. Demographics, clinical history and outcomes were assessed during the hospital admission and 3 months after the index event: in-hospital death (cardiac and all cause-mortality), new onset of heart failure (HF), length of stay (LOS), TTC recurrence, and left ventricular ejection fraction (LVEF).

Results: Preceding physical stressor was more prevalent among AA patients (n=36; 97.3% versus CC n=20; 55%, p 0.01). LVEF upon admission was higher in CC patients (36.8% ± 9.3 versus 32.4% ± 8.9, p=0.03). Anxiety was uncommon among AA (n=1; 2.4% versus n=13; 31%; p 0.01). Chest pain upon presentation was not significantly prevalent among AA in comparison to CC patients (n=29; 71% in CC; versus n=13 in AA; 30% p < 0.01). AA had higher in hospital heart failure and longer LOS. However, these differences were not statistically significant. There was no difference in hospital death between groups.

Conclusion: AA patients present more frequently after a physical stressor, have lower LVEF at admission, have significantly less anxiety than CC, and frequently do not have chest pain.