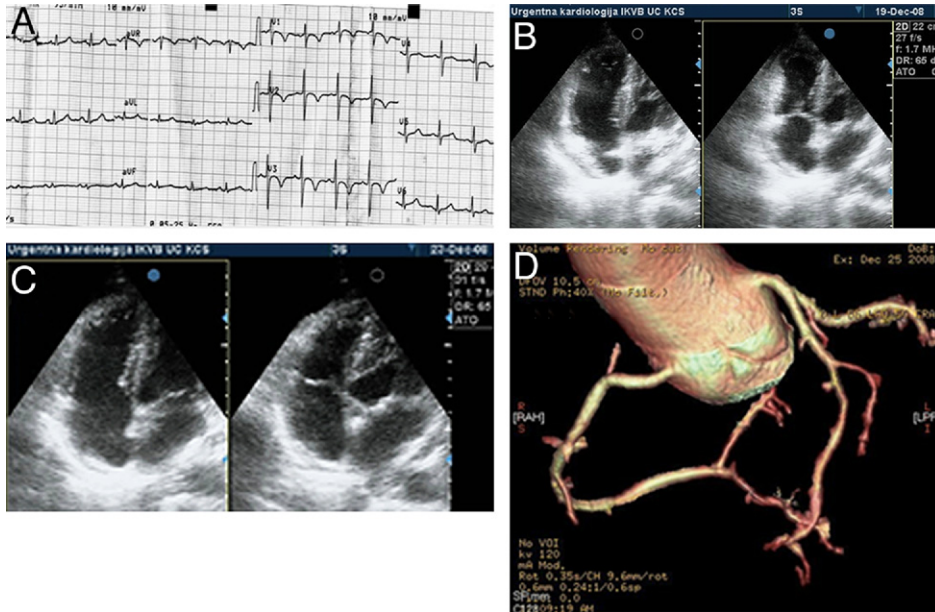


IMAGES IN CARDIOLOGY

Right Ventricular Takotsubo Cardiomyopathy

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A 49-year-old woman presented to the emergency department with dyspnea 3 days after her mother's death. The electrocardiogram at admission showed sinus tachycardia, T-wave inversion in leads V_1 through V_3 , and $R/S > 1$ in leads V_1 and V_2 (A). Two-dimensional echocardiography (B, [Online Video 1](#)) revealed normal left ventricular dimensions and function. The right ventricle was enlarged (33 mm). The right ventricular apex was dyskinesic, whereas the medial and basal segments of the right ventricle were hyperkinetic. Cardiac troponin and arterial blood gases were within reference values. Control echocardiography on day 4 from admission showed normal right ventricular dimensions and contraction (C, [Online Video 2](#)). The patient refused invasive coronary angiography. Coronary angiography by means of multislice computed tomography did not show significant lesions of subepicardial coronary arteries (D). Takotsubo cardiomyopathy is a syndrome characterized by a reversible balloon-like asynergy in the apical regions and excessive contractions of the basal regions of the ventricle. The left ventricular apex is predominantly affected. However, variants with biventricular involvement were described in about one-fourth of patients (1,2). To our knowledge, this is the first documented case of right ventricular stress cardiomyopathy without simultaneous left ventricular involvement.

REFERENCES

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