Purpose

- Takotsubo syndrome, characterized by transient left ventricular systolic dysfunction, mimics acute coronary syndromes.
- It is often triggered by acute emotional or physical stress, so is also known as «stress cardiomyopathy» or «broken-heart syndrome».
- Takotsubo syndrome most often affects elderly women.
- We report on the management of and processes of care in consecutive patients with Takotsubo syndrome using data from a French registry (OFSETT).

Methods

Study design :

- Observational, multicentre, prospective study carried out between November 2010 and December 2011.
- The database was completed with retrospective patients from 2005 to 2010.
- Fifteen non-academic French Hospitals with a high volume of percutaneous coronary procedures (>1000/year) recruited consecutive patients diagnosed with Takotsubo syndrome according to the Mayo clinic diagnostic criteria :
  - Transient apical or mid-ventricular left ventricular wall motion with poor correlation with coronary vessels
  - Emotional or physical stress preceding the onset of symptoms (not absolutely necessary)
  - Absence of obstructive epicardial coronary disease or plaque rupture
  - ST-segment elevation and/or inverted T wave
  - Moderate troponin elevation
  - Absence of signs of pheochromocytoma or myocdystatis.
- Patients were followed up for 1 year. At date, in hospital follow up is available.

Results

- A total of 120 patients were enrolled (62 retrospectively and 58 prospectively).
- A trigger event was identified in 64% of patients (Table 2).
- Baseline demographics data are shown in Table 1.

Conclusions

- These observational data from 15 non-academic French hospitals provide insights into the characteristics and care of patients with Takotsubo syndrome.
- Patients were typically elderly women with few cardiovascular risk factors.
- A trigger event was only identified in 62% of patients, most commonly mental stress.
- Clinical presentation was roughly the same as for acute myocardial infarction.
- ECG anomalies were mostly seen in anterior derivations.
- BNP levels rose more than troponin levels.
- The most common angiographic and echocardiographic presentation was apical ballooning.
- Survival was favourable, with no in-hospital deaths.

Declaration of interest

- OFSETT Registry is a registry of the College National des Cardiologues des Hôpitaux.