



Medically Challenging Case Presentation: Postoperative Iatrogenic Takotsubo Cardiomyopathy



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Introduction

A 67-year-old female with a history of widespread atherosclerotic disease presented for a right wedge resection for a lung nodule and pleurodesis.

Pre-Op

Pre-operatively, IV access was established in the patient's left upper arm, and a non-invasive blood pressure monitor was placed on the right arm.

Intra-Op

The patient underwent general endotracheal anesthesia and received multiple boluses of phenylephrine intraoperatively due to mean arterial pressures (MAP) in the 50s, with an appropriate response. All medications were stopped for transport to the PACU.

PACU & ICU Course



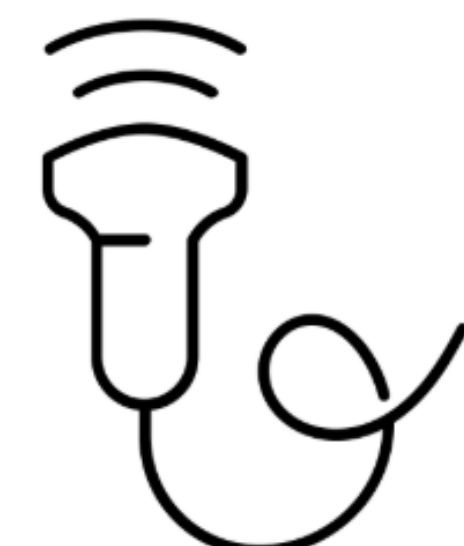
Arrived to PACU hypotensive to 97/33



NIBP repeated on right arm and bilateral lower extremities with MAPs in 40s



Arterial line was placed in right radial artery



Point-of-care ultrasound demonstrated left ventricular wall motion abnormalities and B-lines in bilateral apical lungs with concern for new-onset cardiogenic shock



Transported to ICU and new arterial line in left radial artery was placed

Discussion

This case highlights the importance of a thorough preoperative chart review and physical examination, as well as maintaining a broad differential for refractory intraoperative hypotension and the associated risks of continuous vasopressor therapy. Chart review prior to creating an anesthetic plan can be crucial in managing underlying comorbidities, which is why the American Society of Anesthesiologists has established standards for basic preanesthesia care, including reviewing all available medical records before surgery.³ Upon further review of this patient's medical records, a CT angiogram from the previous year demonstrated a significantly occluded right subclavian artery. In this patient's case, the only available documentation was the CT scan report, with no other updates to the patient's chronic medical history in the electronic record. While this can be considered an oversight, reviewing every scan and every patient assessment is not always efficient or feasible. Combining both prior history and a tailored pre-operative physical exam can help elucidate otherwise asymptomatic conditions, such as subclavian occlusion.^{1,2} While many reported cases of subclavian stenosis have demonstrated this recommendation, this case uniquely highlights the extent of damage that patients can incur due to inadequate assessment and monitoring of blood pressure. For this reason, the threshold for rechecking blood pressures in other anatomical locations or performing more invasive blood pressure monitoring should remain low in cases of hypotension refractory to continuous vasopressor therapy.



References

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- [3] Basic Standards for Preanesthesia Care | American Society of Anesthesiologists (ASA), www.asahq.org/standards-and-practice-parameters/basic-standards-for-preanesthesia-care. Accessed 13 July 2025.