

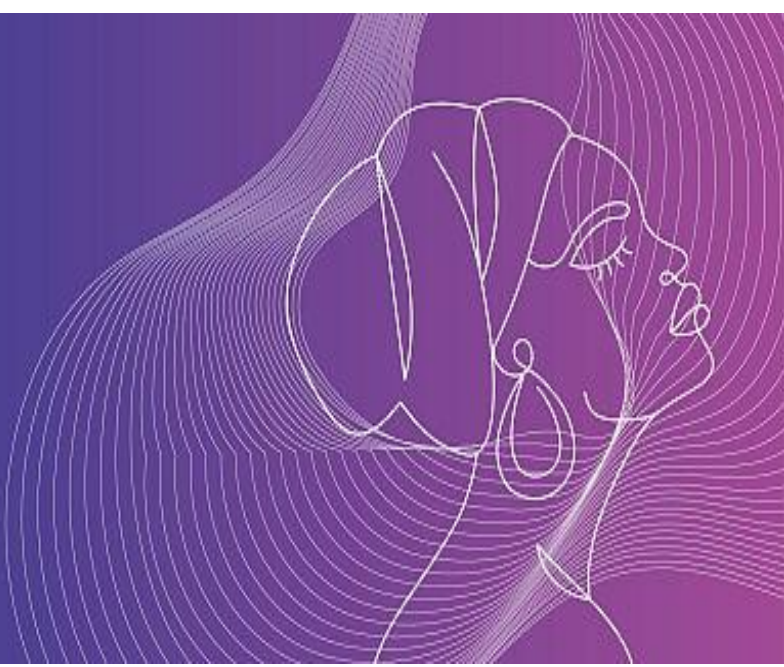


Failing in Reverse: Reverse Takotsubo Cardiomyopathy following a Caesarean Section for twin pregnancy

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RCOG WORLD
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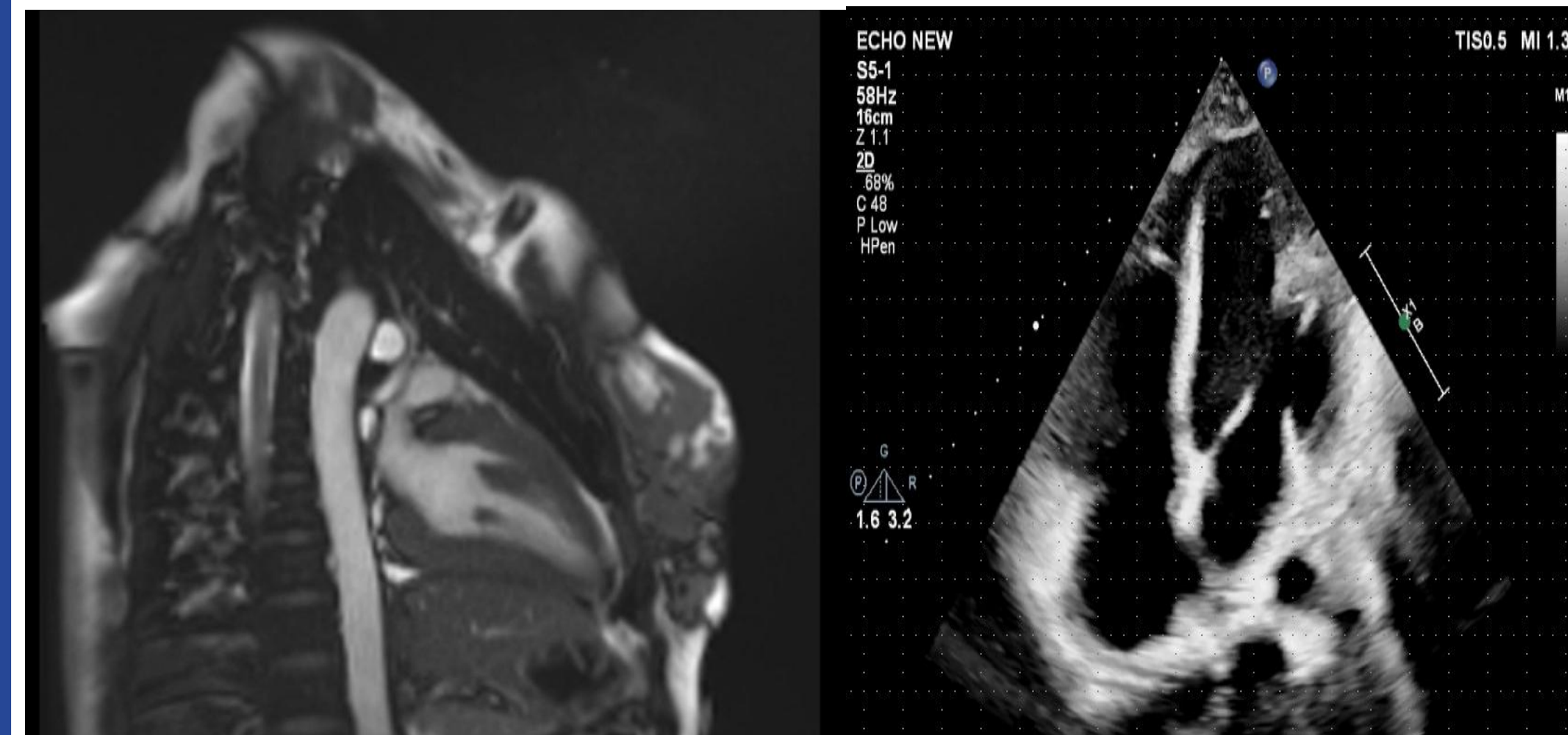


HISTORY AND INVESTIGATIONS:

- 24 years, P1L2
- Day 1 post Caesarean Section – Twins
- Intra-operative blood loss ~ 900 ml
- Shortness of breath – Acute onset
- Hypotension
- **Investigations:**
 - Hb – 8.4 gm%, WBC – 28,200/mm³
 - SGOT/SGPT – 412 / 159
 - CRP – 35.47 mg/L
 - Procalcitonin – 0.98 ng/ml
- Transfused 1 PRC, 4 FFP
- Inotropes and Diuretics started
- **ECG : Sinus rhythm, ST segment elevation in lead aVR**
- **Troponin I : 3976 ng/L (normal ref range <17 ng/L)**
- 2D Echo advised
- **Differential diagnosis :**
 - PPCM
 - ACS
 - Hypotensive shock

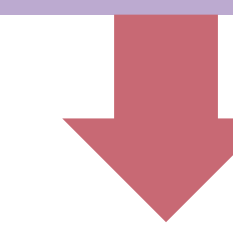


LV Angiogram in RAO 30°

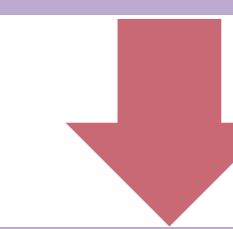


CMR and AP4C on TTE showing
Reverse Takotsubo CMP

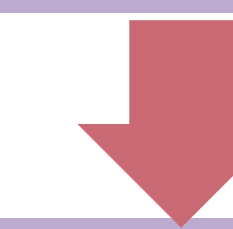
Inotropic support for 5 days



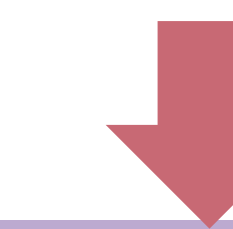
Oral diuretics, beta blocker, ACEI



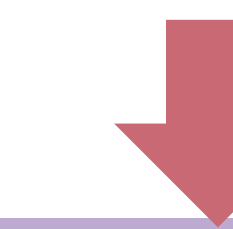
Resolution of ECG changes



Severely reduced LVEF ~ 25%
Hypokinesia at base > apex



Follow-up after one month

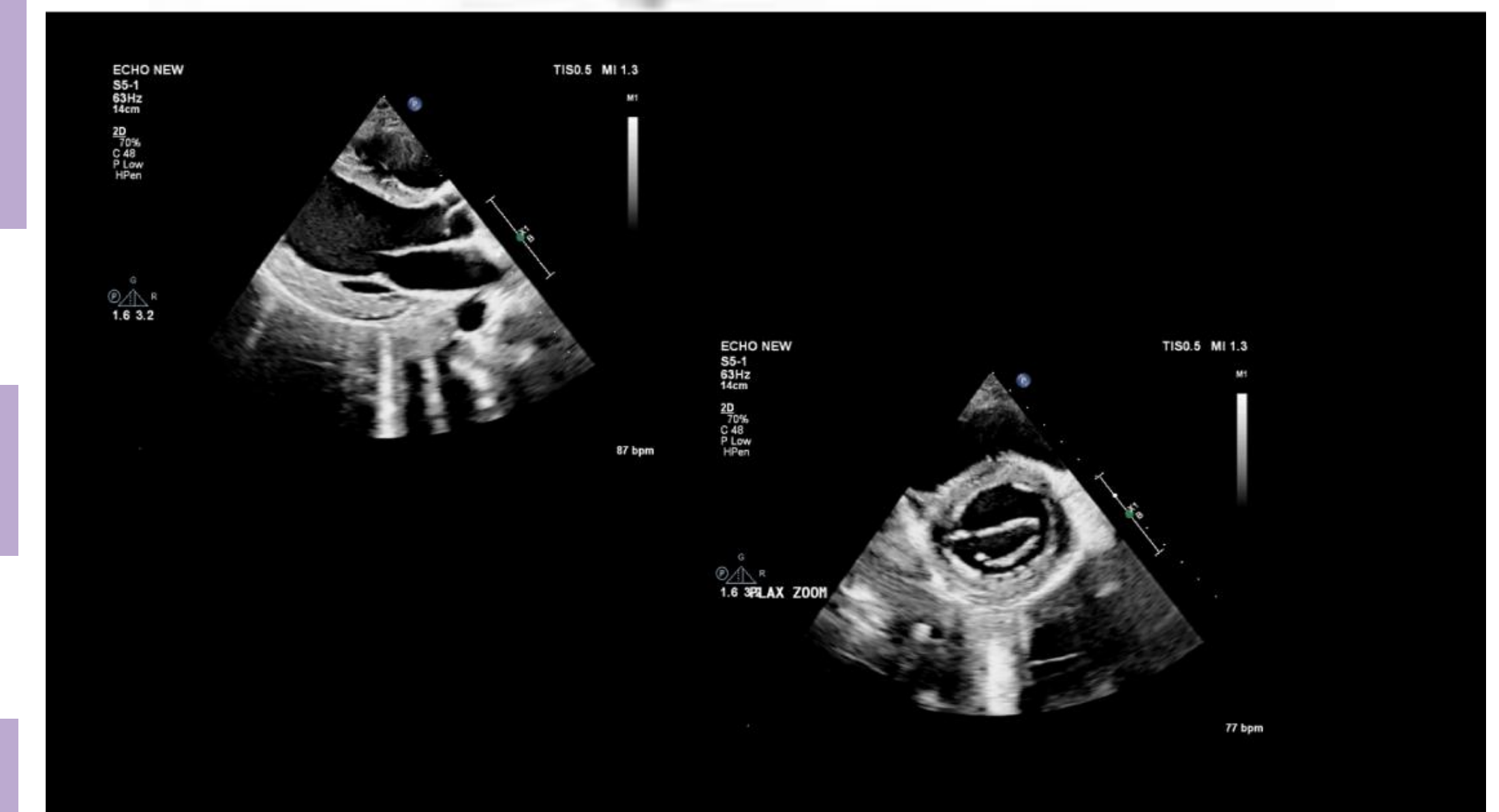


LVEF ~ 60% with good contractility

Takotsubo
type



Reverse
takotsubo
type



Follow-up TTE showing recovery of LV function

CONCLUSION:

- Awareness regarding a possible cause of maternal collapse
- Multidisciplinary team approach
- Rule out ACS – management is hugely different
- PPCM is a very close differential
- Better prognosis than PPCM

REFERENCES:

1. Hernández-Guajardo DA, Solís JG, Flores-Ramírez R, Carrizales-Sepúlveda EF. Failing in reverse: a case report of reverse Takotsubo syndrome complicating peripartum. *Eur Heart J Case Rep*. 2023;7(10):ytad493. Published 2023 Oct 9. doi:10.1093/ehjcr/ytad493
2. Awad HH, McNeal AR, Goyal H. Reverse Takotsubo cardiomyopathy: a comprehensive review. *Ann Transl Med*. 2018 Dec;6(23):460. doi: 10.21037/atm.2018.11.08. PMID: 30603648; PMCID: PMC6312810.