

Figure 1.

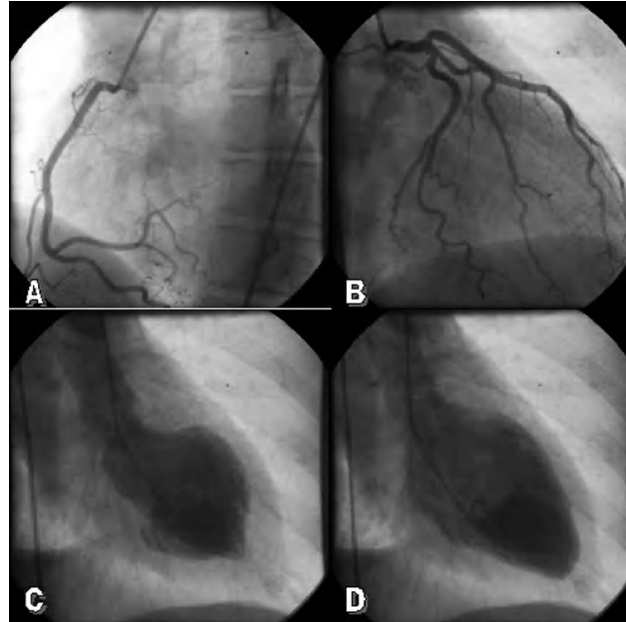


Figure 2.

## Transient Mid-Ventricular Ballooning: A Variant of Takotsubo Syndrome

In the majority of cases, Takotsubo syndrome is characterized by the fact that it presents in association with a situation of stress and shows clinical symptoms and electrocardiogram findings consistent with acute myocardial infarction (AMI) and slightly elevated enzymes. Transient left ventricular apical ballooning is produced in this condition and recovers over several days or weeks. Takotsubo syndrome is not associated with coronary lesions and has an uncertain etiology. According to some authors, the primary cause seems to be activation of adrenergic receptors. A new variant of this entity has been described, transient midventricular ballooning syndrome, which shares all the characteristics of Takotsubo syndrome, with the exception that the wall motion alterations only affect the midventricular segments.

We present the case of a 45-year-old woman who came to the emergency room for an episode of oppressive central chest pain that had lasted 5 hours and was triggered by a situation of considerable stress. The only datum of

interest was a history of smoking. On physical examination, blood pressure was 130/65 mm Hg, heart rate 100 bpm and arterial oxygen saturation 97%, with no pathological findings. The electrocardiogram showed sinus rhythm at 100 bpm, QRS axis 60°, Q-waves in  $V_2$  and  $V_3$  and ST-segment elevation in  $V_2$  and  $V_3$  (Figure 1). Based on the suspected diagnosis of AMI, urgent catheterization was performed. The coronary vasculature was normal and akinesia of the middle ventricular segments was observed on ventriculography (Figure 2). The troponin T peak was 0.27 g/L. Recovery of wall motion was documented on echocardiography at one week after the episode.

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