Takotsubo Cardiomyopathy: Presentation And Perioperative Management For Spinal Surgery

Pavithra Pasupathy\textsuperscript{1}, Mark Priestley\textsuperscript{2}

\textsuperscript{1} Westmead Hospital, Sydney, Australia
\textsuperscript{2} Westmead Hospital, Sydney, Australia

Takotsubo cardiomyopathy (stress induced cardiomyopathy/apical ballooning syndrome) is characterised by transient systolic dysfunction of apical and/or mid segments of the left ventricle in the absence of significant coronary artery disease. It was first described in Japan in the early 1990s. It is being increasingly recognised worldwide and is thought to account for approximately 2% of cases presenting with suspected acute coronary syndrome. Most of the literature on Takotsubo comes from retrospective and prospective studies. There is no controlled data. There have been a number of case reports in anaesthesia involving the perioperative manifestation of Takotsubo cardiomyopathy.

In this presentation we describe the intraoperative course of a 76-year-old woman undergoing general anaesthesia for T9-S1 posterior spinal fusion. We highlight the features which led to the diagnosis of Takotsubo and the potential contribution of intraoperative vasopressors/inotropes to the development of the cardiomyopathy.

The deterioration in the clinical condition of the patient lead to surgery ceasing prior to completion of the fusion. The patient returned a week later for the second stage of the operation. Although there have been case reports of patients who have undergone anaesthesia following the resolution of the cardiomyopathy there are none that involve patients undergoing anaesthesia while in the acute phase. We describe how anaesthesia was administered in the setting of Takotusbo cardiomyopathy including the use of transoesophageal echocardiography and total intravenous anaesthesia.

References: Reeder G 2009; Abdulla I 2007; Gianni M 2006;