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Clinical Features And Outcomes Of Takotsubo (Stress) Cardiomyopathy In South Texas Hispanics

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Background: Takotsubo cardiomyopathy (TSC) can be preceded by emotional, physical, or no identifiable trigger. Despite being a transient condition, it is associated with a substantial risk for in-hospital adverse events. The clinical features and the short-term outcomes of TSC in South Texas Hispanics (STH) are unknown.

Methods: We identified patients with the diagnosis of TSC at an academic institution from 2005-2017. Patients who did not have coronary angiography were excluded. Demographics, presenting symptoms, triggers, left ventricular characteristics and outcomes were expressed as percentages. Continuous variables were expressed as means.

Results: Of 41 patients with TSC, the diagnosis was confirmed in 38, of which 27 (71.1%) were Hispanics. In this group, the mean (\pm SD) age was 69 ± 11.5 years; 92.6% were women. Comorbidities included: hypertension (70%), obesity (47%), and diabetes (30%). The most common presenting symptoms were chest pain (66.7%) and dyspnea (48.2%). Physical, emotional, and no specific triggers were identified in 37.4%, 33.3%, and 29.6% of the patients, respectively. Apical and mid-ventricular TSC were identified in 95% and 5% of the patients, respectively. The mean left ventricular ejection fraction was $35.9\pm 10.3\%$. Cardiogenic shock and respiratory failure occurred in 37% and 25.9% of the patients, respectively. There were no in-hospital deaths in the entire cohort.

Conclusion: The clinical features and short-term outcomes of TSC in STH are similar to those found in recently published data. Emotional triggers are not as common as initially thought. The rate of severe in-hospital complications occurred in at least one-third of the patients, but there were no deaths.