**Takotsubo’s Cardiomyopathy Conundrum : A case of misdiagnosis**

**Introduction**

Stress-induced ST elevation, often associated with conditions such as Takotsubo’s cardiomyopathy, mimics acute myocardial infarction without obstructive coronary artery disease. It is transient in nature with acute reversible left ventricular dysfunction. This case report enlightens the disease presentation, management and outcome of a patient with evolving ECGs of stress-induced ST elevation.

**Case description**

A 58-year-old Indian male with a history of hypertension, Benign prostatic hyperplasia and Dyslipidemia, presented with acute urinary retention (AUR) for past 3 days with acute chest pain and shortness of breath for 1 day. Chest pain was described as severe, pressing in nature and radiated to his left arm with pain score 9. His vitals: blood pressure 158/60 mmHg, heart rate 110 bpm, respiratory rate 24 with oxygen saturation 98% under room air. He was diaphoretic and in mild distress with no signs of heart failure. ECG showed ST-elevation in leads V2-V4 prompting anterior myocardial infarction diagnosis with subsequent thrombolysis with metalyse. CBD which was inserted during the initial presentation of AUR had relieved his pain to 2. This manifested into a sinus rhythm ECG with no Q waves despite only 15 minutes into thrombolysis. Unfortunately, he developed complications of severe hematuria during 30 minutes of ongoing unwarranted thrombolysis. Subsequent serial ECGs were also SR. Laboratory showed Trop I and cardiac enzymes were not raised. Echocardiogram was normal

**Discussion**

Takotsubo cardiomyopathy, often triggered by acute emotional or physical stress, is characterized by transient left ventricular dysfunction and ECG changes mimicking myocardial infarction. The pathophysiology involves catecholamine surge leading to myocardial stunning. Differentiating this condition from occlusive acute coronary syndrome is critical to avoid unnecessary invasive procedures with unwanted complications. Current guidelines recommend supportive care and follow-up for recovery of cardiac function in this condition.

**Conclusion**

This case highlights the importance of recognizing stress-induced ST elevation ECG changes and distinguishing them from other life-threatening conditions to avoid unwarranted thrombolysis or other invasive procedures. Takotsubo cardiomyopathy is a unique condition that underscores the profound connection between emotional stress and cardiac health. Early identification and supportive management can lead to favorable outcomes. Education on stress management is crucial for preventing future recurrence.

**keywords**

MI, cardiomyopathy, AUR, Takotsubo