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CLINICAL RESEARCH

Management of Takotsubo cardiomyopathy in non-academic hospitals in France: The Observational French SyndromEs of TakoTsubo (OFSETT) study



Prise en charge du syndrome de Takotsubo dans les hôpitaux non universitaires français : Observatoire français des syndromes de Takotsubo (OFSETT)

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Abbreviations: ACS, acute coronary syndromes; BNP, brain natriuretic peptide; ECG, electrocardiography; IQR, interquartile range; MRI, magnetic resonance imaging; NT-proBNP, N-terminal prohormone brain natriuretic peptide; OFSETT, Observatory of French SyndromEs of TakoTsubo; SD, standard deviation; TTC, Takotsubo cardiomyopathy; ULN, upper limit of normal.

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KEYWORDS

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ST-segment
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Summary

Background. – Takotsubo cardiomyopathy (TTC) is a rare condition characterized by a sudden temporary weakening of the heart. TTC can mimic acute myocardial infarction and is associated with a minimal release of myocardial biomarkers in the absence of obstructive coronary artery disease.

Aims. – To provide an extensive description of patients admitted to hospital for TTC throughout France and to study the management and outcomes of these patients.

Methods. – In 14 non-academic hospitals, we collected clinical, electrocardiographic, biological, psychological and therapeutic data in patients with a diagnosis of TTC according to the Mayo Clinic criteria.

Results. – Of 117 patients, 91.5% were women, mean \pm SD age was 71.4 ± 12.1 years and the prevalence of risk factors was high (hypertension: 57.9%, dyslipidaemia: 33.0%, diabetes: 11.5%, obesity: 11.5%). The most common initial symptoms were chest pain (80.5%) and dyspnoea (24.1%). A triggering psychological event was detected in 64.3% of patients. ST-segment elevation was found in 41.7% of patients and T-wave inversion in 71.6%. Anterior leads were most frequently associated with ST-segment elevation, whereas T-wave inversion was more commonly associated with lateral leads, and Q-waves with septal leads. The ratio of peak B-type natriuretic peptide (BNP) or N-terminal prohormone BNP (NT-proBNP) level to peak troponin level was 1.01. No deaths occurred during the hospital phase. After 1 year of follow-up, 3 of 109 (2.8%) patients with available data died, including one cardiovascular death. Rehospitalizations occurred in 17.4% of patients: 2.8% due to acute heart failure and 14.7% due to non-cardiovascular causes. There was no recurrence of TTC.

Conclusions. – This observational study of TTC included primarily women with atherosclerotic risk factors and mental stress. T-wave inversion was more common than ST-segment elevation. There were few adverse cardiovascular outcomes in these patients after 1-year follow-up.

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MOTS CLÉS

Syndrome de
Takotsubo ;
Sus-décalage ST ;
B-type natriuretic
peptide

Résumé

Contexte. – Le syndrome de Takotsubo est une affection rare caractérisée par un affaiblissement temporaire soudain du cœur. Le syndrome de Takotsubo peut simuler un infarctus du myocarde aigu et est associé à une élévation minimale des biomarqueurs de nécrose myocardique en l'absence de maladie coronaire obstructive.

Buts. – Fournir une description extensive d'une population de patients admis pour un syndrome de Takotsubo sur le territoire français et d'étudier la prise en charge et l'évolution de ces patients.

Méthodes. – Nous avons rassemblé les données cliniques, électrocardiographiques, biologiques, psychologiques et thérapeutiques chez des patients admis pour un syndrome de Takotsubo sur les critères diagnostiques de la Mayo Clinic, dans 14 hôpitaux non universitaires de France.

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