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A case of paraganglioma presented with reverse Takotsubo syndrome

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There is a sub-type of Takotsubo, a reverse Takotsubo, or Squid syndrome. We report a case of a 19-year-old man who presented with chest pain to emergency department and had hypertensive crisis. He had no medical history, recently relocated to United Arab Emirates and had trouble to get visa. He had struggle with his sponsor person for two days and has developed persistent chest pain and dizziness. In the emergency department, his initial blood pressure was 240/110 mm/Hg and it was fluctuating down to 100/70 mm/Hg. His troponin was positive and ECG showed no specific finding. Coronary angiography was done via right radial artery on 21st of Feb 2018, showed normal coronary. We did evaluation for secondary hypertension. From abdominal CT scan, we found retroperitoneal mass (suspicious of paraganglioma). TTE showed depressed EF with basal to mid akinesia and hyperactive apical part, which was compatible with reverse Takotsubo. With medical treatment, he was recovered well, his EF improved upto 51% and RWMA disappeared. 24 hours urine collection was done. Dopamin was 538 ug/24hr (normal range is~510 ug/24hr), epinephrine was 88 ug/24hr (0~20 ug/24hr), norepinephrine was 3431 ug/24hr (0~135 ug/24hr), metanephrine was 141 pg/mL (0~62 pg/mL), normetanephrine 3303 pg/mL (0~145 pg/mL), aldosterone was 9.9 ng/dL (0.0~30.0 ng/dL). Patient discharged with medication and went back to his home contury for further evaluation and surgery. The mechanism of Takotsubo syndrome or stress induced cardiomyopathy is not known. The surge of catecholamine in the stress condition was suggested as one of possible cause of Takotsubo syndrome.

Biography

Minkyung Kim completed her MPH from Korea University and completed her PhD course from Seoul National University, College Of Medicine. She worked as a Clinical Professor at Seoul National University Hospital from 2011 till 2014. She is a Consultant Cardiology at Sheikh Khalifa Specialty Hospital, RAK, UAE.

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