

Angel Face Off

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Abstract

We reported a case of stress cardiomyopathy (SC) in an old-aged woman with ischemic bowel syndrome resulting in mortality. Our case pointed out the rare possible lethal complications in such a disease labeled as ‘benign’ before and reminded physicians the importance of awareness and alertness in clinical deterioration. Unusual high cardiac biomarkers in this case may imply poorer outcomes.

Case description:

A 68-year-old woman with left renal transitional cell carcinoma status post left nephro-ureterectomy 2 months ago presented with progressive dyspnea for one week. ST segment elevation in lead V4 to V6 and prominently peaking cardiac markers (creatinine kinase, 6029 U/L, creatinine kinase-MB, 223 ng/mL) were noted. Bedside echocardiography revealed an ‘apical ballooning’ pattern; the ejection fraction was 35%. The bull’s-eye parametric image of the peak longitudinal systolic strain indicated apical dyskinesis. SC was diagnosed based on insignificant findings in a coronary angiography and a typical pattern of left ventriculography. The patient died of ischemic bowel syndrome 4 days later, which may be due to obscure ventricular thrombi. The portal vein air and pneumatosis intestinalis and coli were seen clearly in the plain film and contrast-enhanced computed tomography. SC could cause lethal outcomes such as our case depicted here, which overthrown the former ideas of “a benign disease process”.

Discussion

SC was not always benign. Complications such as cardiac rupture, ventricular arrhythmia, ventricular thrombi and embolic events were reported. Massive ischemic bowel and liver in this patient may be due to obscure ventricular thrombus. Our case uncovered such detrimental complications and underscored the importance of early recognition in such complication. Markedly elevated cardiac biomarkers in our case may serve as the surrogate of the higher risk group and poorer outcomes, which deserves our attention.

Figure

