**A CASE OF SEVERE ASTHMA EXACERBATION COMPLICATED BY REVERSE TAKOTSUBO CARDIOMYOPATHY IN AN ADULT**

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**Background:**Takotsubo (or stress) cardiomyopathy is a transient cardiac syndrome that typically involves apical hypokinesis and mimics acute coronary syndrome with normal coronary artery circulation. Reverse (or atypical) takotsubo cardiomyopathy is a rare variant of the condition typically sparing the apex and causing hypokinetic or akinetic motion of left ventricular basal segments.

**Methods:**A 61-year-old woman presented with severe progressive dyspnea. Her medical history included severe persistent asthma with multiple exacerbations requiring hospitalization. On presentation, she was treated with an aggressive regimen including beta-agonist nebulizers, anti-muscarinic nebulizers, corticosteroids, magnesium sulphate and intramuscular epinephrine. On day two of her admission, the patient reported mild chest discomfort. An electrocardiogram showed sinus tachycardia without ischemic changes and initial cardiac enzymes were elevated to a peak troponin of 5. Pulmonary embolism was ruled out with a computed tomography scan.

**Results:**The patient was taken to the cardiac catheterization lab for a presumed non-ST-segment-elevation myocardial infarction following 24 hours of medical stabilization. Cardiac catheterization revealed normal coronary arteries and a reduced left ventricular ejection fraction with hypokinesis of the basal and mid ventricle with apical sparing. Two days later, a repeat trans-thoracic echocardiogram revealed resolution of wall motion abnormalities and a normal left ventricular ejection fraction. The patient was discharged home with follow-up for her asthma.

**Conclusion:**This case represents a rare occurrence of atypical takotsubo cardiomyopathy in the setting of severe asthma exacerbation treated with adrenergic stimulants.