

# Takotsubo kardiomiopatija: dijagnostika i liječenje

## Stress cardiomyopathy: diagnosis and treatment

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Takotsubo sindrom (sindrom "slomljenog srca") prvi puta je opisan u Japanu. Karakterizira ga sistolička disfunkcija lijeve klijetke. Učestalost se procjenjuje na 1% do 2% ukupnog broja bolesnika sa sumnjom na akutni koronarni sindrom (ACS).<sup>1,2</sup> Patofiziologija nastanka ovog sindroma nije do kraja objašnjena, ali je jasno povezan sa emocionalnim ili fizičkim stresom, odnosno hiperkatekolaminemijom. Unatoč činjenici da ovaj sindrom ima visoku učestalost preživljenja i dobar odgovor na liječenje, s obzirom na relativno visoki kasni mortalitet (oko 5%) preporuča se dugoročno praćenje bolesnika.

Zlatni standard u Kliničkoj bolnici Dubrava pri diferencijalnoj dijagnostici ovog sindroma je koronarna angiografija s ventrikulografijom. Uspješno zbrinjavanje zahtjeva kontinuiranu edukaciju zdravstvenog osoblja uključenih u liječenje ovih pacijenata.

Takotsubo syndrome (broken heart syndrome) was first described in Japan. Its characteristics are regional systolic left ventricular dysfunction. Prevalence is currently estimated at 1% to 2% of patients with suspected acute coronary syndrome (ACS), but related with emotional or physical stress.<sup>1,2</sup> Although the exact pathophysiology isn't fully elaborated. Despite the fact that this syndrome had high rate of survival and positive reaction to treatment we can link broken heart syndrome with lethal complications that cause death of patients as high as 5%. In University Hospital Dubrava golden standard for differential diagnosis is coronary angiography with ventriculography and it requires exceptional education all involved personnel.

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### LITERATURE

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