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Takotsubo cardiomyopathy with an occlusion of the right coronary artery

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An 80-year-old female with continuous epigastric pain for 5 hours was admitted to our hospital. Her ECG showed ST depressions in V3-4 leads and an echocardiogram revealed apical akinesis. She was diagnosed as non-ST elevation myocardial infarction and emergent coronary angiography demonstrated an occlusion of the right coronary artery. Coronary stents were deployed successfully in the right coronary artery, however she developed evolutionary T wave inversions in V2-5 leads. The left ventricular wall motion abnormality resolved on the third day and then the negative T waves also returned toward normal. Troponin T level was 0.82 ng/ml. Her discharge diagnosis was Takotsubo cardiomyopathy. We should therefore keep in mind to differentiate Takotsubo cardiomyopathy from acute coronary syndrome in patients with ST-T segment changes and left ventricular dysfunction, even when we found an occlusion of the coronary artery.