**CLINICAL VIGNETTE**

**Summertime loneliness as a trigger for all variants of stress-cardiomyopathy in the elderly**

Nicola Gaibazzi*, Fabrizio Ugo, and Diego Ardissino

Department of Cardiology, University Hospital Parma-Italy, Via Gramsci 14, Parma 43100, Italy

* Corresponding author. Tel: +39 521967914, Fax: +39 30991904, Email: nicola.gaibazzi@inwind.it

Stress cardiomyopathy was initially named Tako-Tsubo cardiomyopathy (TTC) by the Japanese researchers who first described it, based on the typical apical ballooning resembling the traditional octopus pot.

Fifteen years after the first description of TTC, the term stress-cardiomyopathy seems to fit better this multiform clinical entity, since two non-apical segmental variants of stress-induced left ventricular (LV) ballooning have been reported from different groups around the world (midventricular and basal ballooning).

The panel shows the ventriculograms and cardiac magnetic resonance (CMR) images from three paradigmatic cases of stress-cardiomyopathy: (i) typical apical ballooning type, (ii) midventricular ballooning, and (iii) basal ballooning. These cases were diagnosed during last summer in our centre (July and August) and all of the three elderly female patients (aged 78–83) reported a scaring feeling of anxiety and loneliness following their sons departure for summer holidays, just a few hours before symptoms onset.

Each patient presented symptoms and ECG compatible with an acute coronary syndrome, mild troponin I elevation, a left ventriculogram showing segmental LV ballooning, and no myocardial late Gadolinium enhancement (LGE). Full recovery of normal contractility after the event was required to confirm TTC (see supplemental material for recovery echocardiograms).

Panel A. End-diastolic and end-systolic ventriculogram in right anterior oblique (RAO) view and a four-chamber equivalent CMR image showing absence of LGE, 15 min after Gd-DTPA; note apical ballooning.

Panel B. End-diastolic and end-systolic ventriculogram in RAO view and a four-chamber equivalent CMR image showing absence of LGE, 15 min after Gd-DTPA; note isolated midventricle ballooning.

Panel C. End-diastolic and end-systolic ventriculogram in RAO view and a four-chamber equivalent CMR image showing absence of LGE, 15 min after Gd-DTPA; note isolated basal ballooning.

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