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Two years ago, a 57-year-old Littleton woman was having a heart attack—or so it seemed. When Littleton Fire Rescue arrived, she had classic symptoms, including acute chest pain and shortness of breath, according to Chief Wayne Zygowicz of Littleton Fire Rescue Emergency Medical Services.

While treating the patient, her heart stopped, and she had to be shocked back to life. She was rushed to Littleton Adventist Hospital for treatment, where she received an implanted pacemaker and defibrillator. It turns out, the woman had a rare condition, known as broken heart syndrome, which is a ballooning of a ventricle.

what is a broken heart?

We have all heard the expressions “died of a broken heart” or “scared to death.” It’s the stuff of soap operas and fairy tales. But it turns out there’s some validity to the phrase. Paul Davidson, M.D., an emergency physician with Littleton, Parker and Porter Adventist Hospitals, has seen two cases of stress cardiomyopathy or “broken heart” syndrome in the past two years.

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by olivia mayer

bad news can be bad for your heart

The phenomenon, which mimics a heart attack, occurs in cases where the patient has undergone deep emotional stress, such as the loss of a loved one, a sudden shock or extreme anger. The rare condition, in which part of the heart temporarily enlarges, most often strikes postmenopausal women.

difficult to distinguish

In both of Davidson's cases, the women were in their 60s and 70s with one who had an ill husband who had taken a turn for the worse, and the other who had been recently widowed.

"They looked just like a heart attack," Davidson says. "Both of the women had chest pain, were sweaty and short of breath."

Not until they were taken for catheterization did the doctors find out differently.

As is the case with broken heart syndrome, both had normal coronary blood vessels with no blockages. What they did have, however, was an atypical ballooning of the left ventricle, which gives the condition its other name, Tako-Tsubo Syndrome. Because the ventricle inflates in the shape

of a Japanese octopus trap, called Tako-Tsubo, the condition became known as Tako-Tsubo Syndrome in Japan, where the syndrome was first described.

"It was really wild seeing these cases and finding they had normal coronaries," Davidson says. "The bottom line is clinically you can't tell them [a heart attack and the condition] apart."

quick recovery

Because there is no blockage and little if any damage to the heart, nearly all patients recover quite rapidly—usually within a couple of weeks. Only about 1 percent of cases are fatal, and in those cases, it's usually because of other complications, such as disruptions to the heartbeat, backup of fluid into the lungs or too fast or too slow a heartbeat. There is a very slight chance patients may experience another episode if faced with another traumatic event.



Paul Davidson, M.D., an emergency physician with Littleton, Parker and Porter Adventist Hospitals

Research indicates that the condition may be brought on by a brief, large surge of stress hormones, such as adrenaline, that temporarily damages the heart. Often patients are treated with blood thinners or beta blockers to slow the heart rate; and if needed, the heart rhythm problem itself is addressed.

Both Zygowicz and Davidson stressed that in their combined more than 40 years of service, they've only seen these few cases. "It's one of those fascinating things in medicine," Davidson says. *v&v*

it's better to be safe ...

Broken heart syndrome is rare, so if you have symptoms of heart attack, call 911 immediately. To learn more about cardiovascular disease, visit

mylittletonhospital.org, parkerhospital.org or porterhospital.org

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