ECG Divino

Caso clinico n. 6

Dr. Federico Ferraris

Ospedale Molinette, Torino

ECG DIVINO Asti

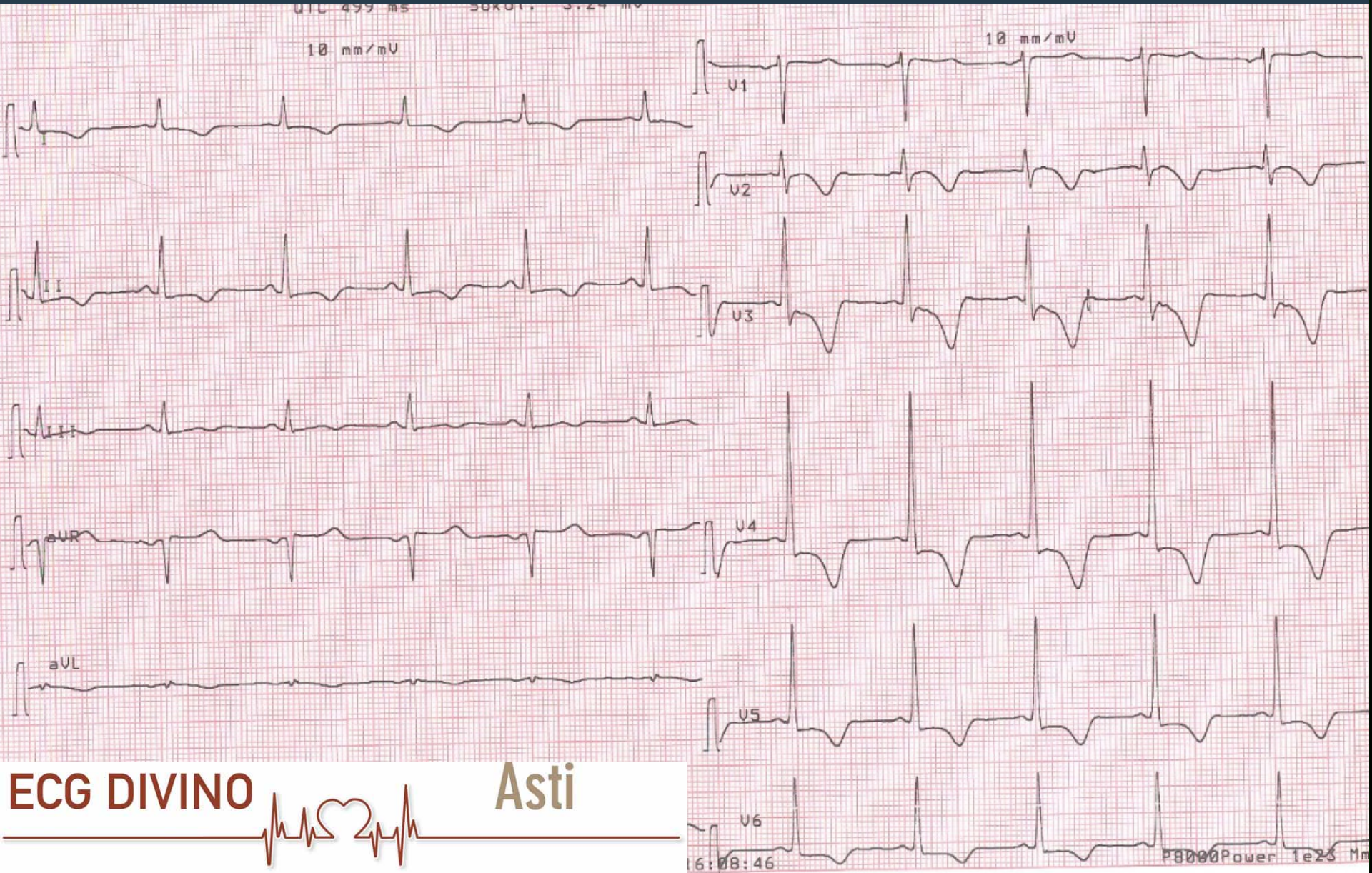
V. G.

42 anni, femmina

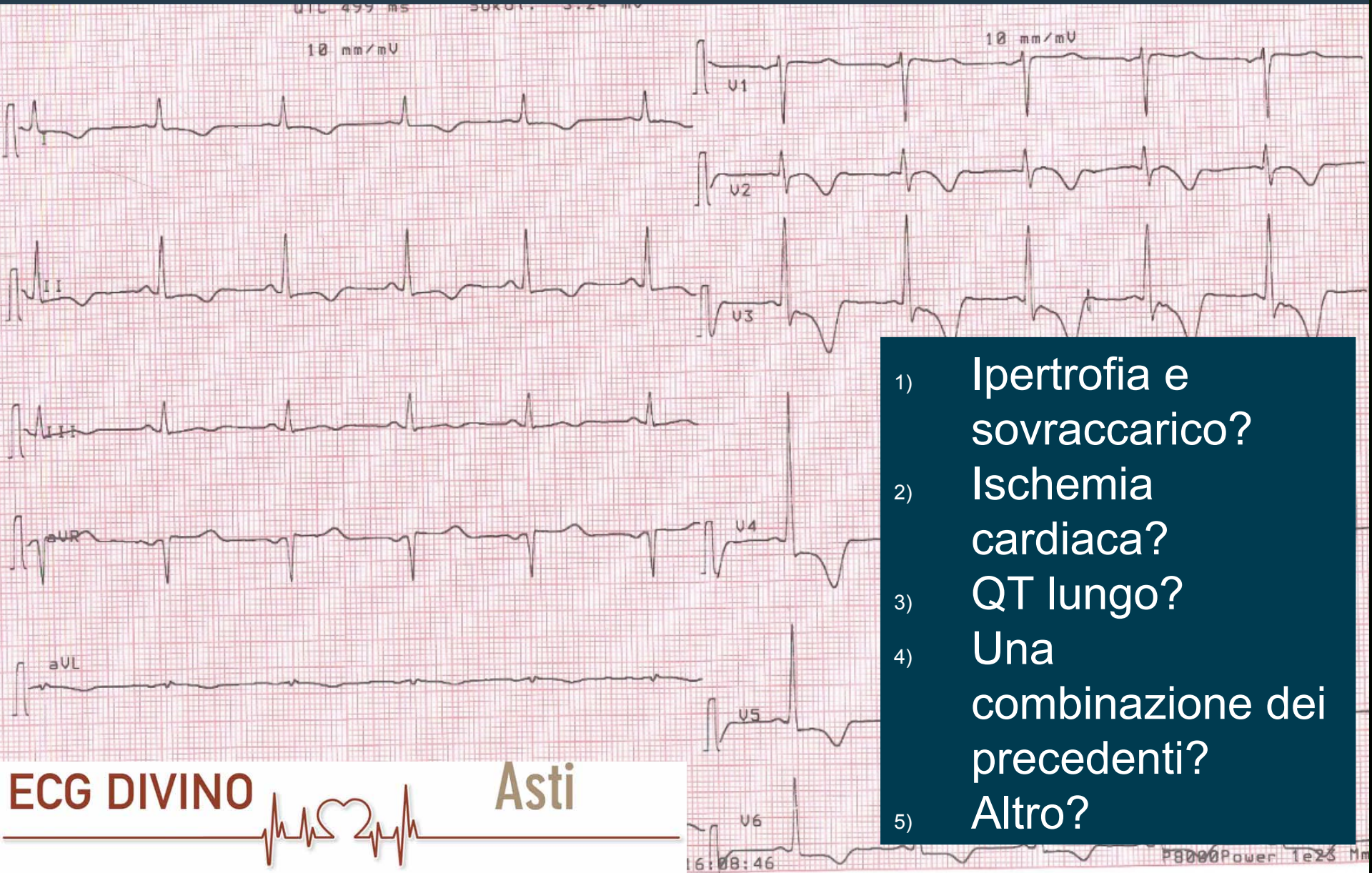
Episodio sincopale

Valutazione cardiologica tre settimane dopo

ECG 6 settembre, tre settimane dopo la sincope



ECG 6 settembre, tre settimane dopo la sincope



1) Ipertrofia e sovraccarico?
2) Ischemia cardiaca?
3) QT lungo?
4) Una combinazione dei precedenti?
5) Altro?

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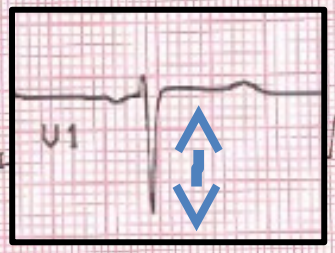
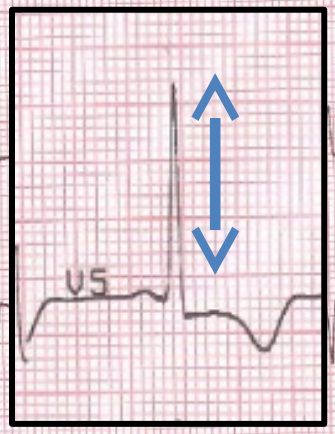
ECG 6 settembre, tre settimane dopo la sincope

Sokolow-Lyon index:
1) S in V 1 + R in V 5 or V 6 (la più ampia) ≥ 35 mm
2)R in aVL ≥ 11 mm





10 + 18 m:
28 mm

1) Ipertrofia e sovraccarico?
2) Ischemia cardiaca?
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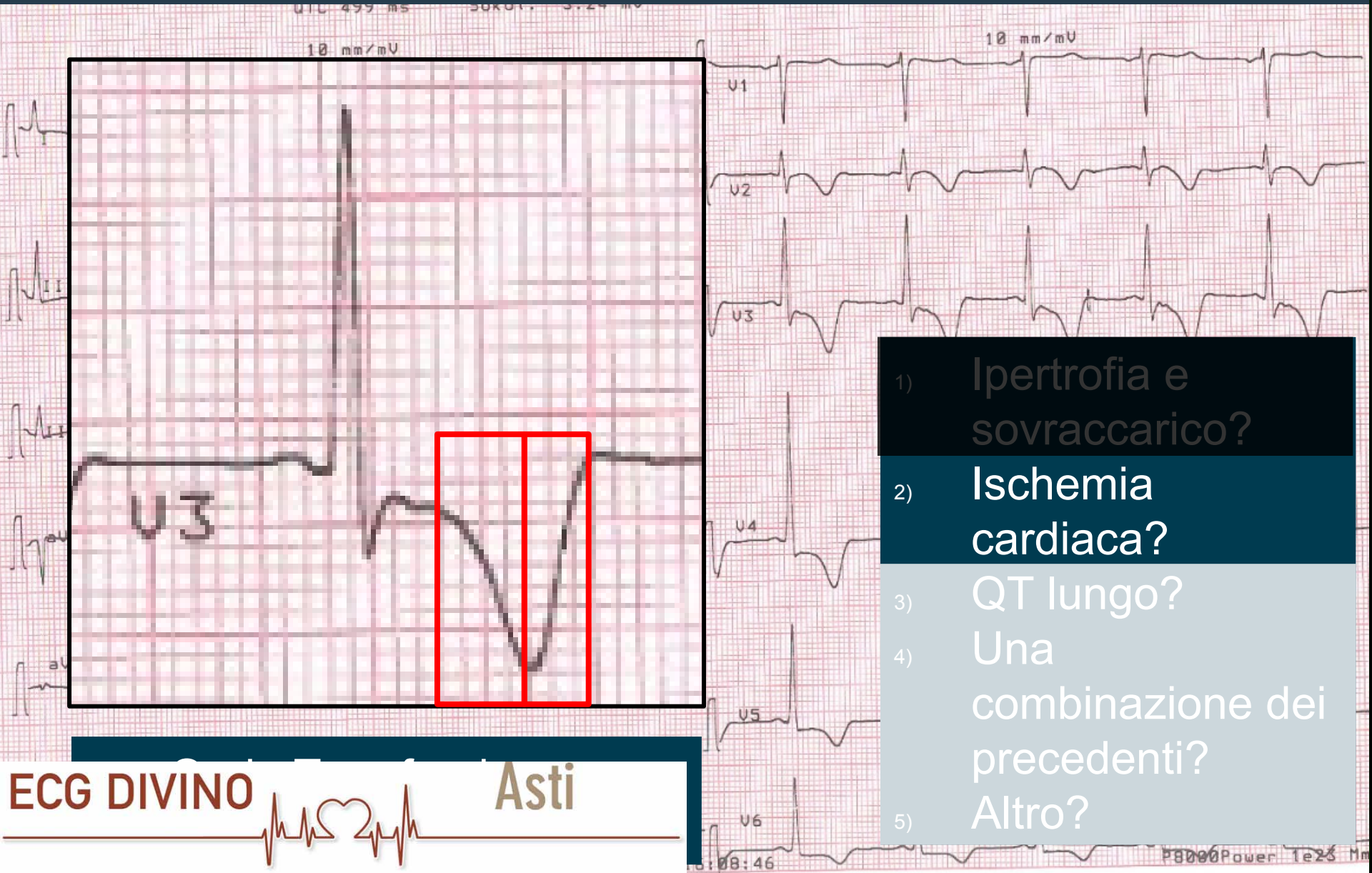
4) Una combinazione dei precedenti?
5) Altro?

ECG DIVINO Asti

ECG 6 settembre, tre settimane dopo la sincope



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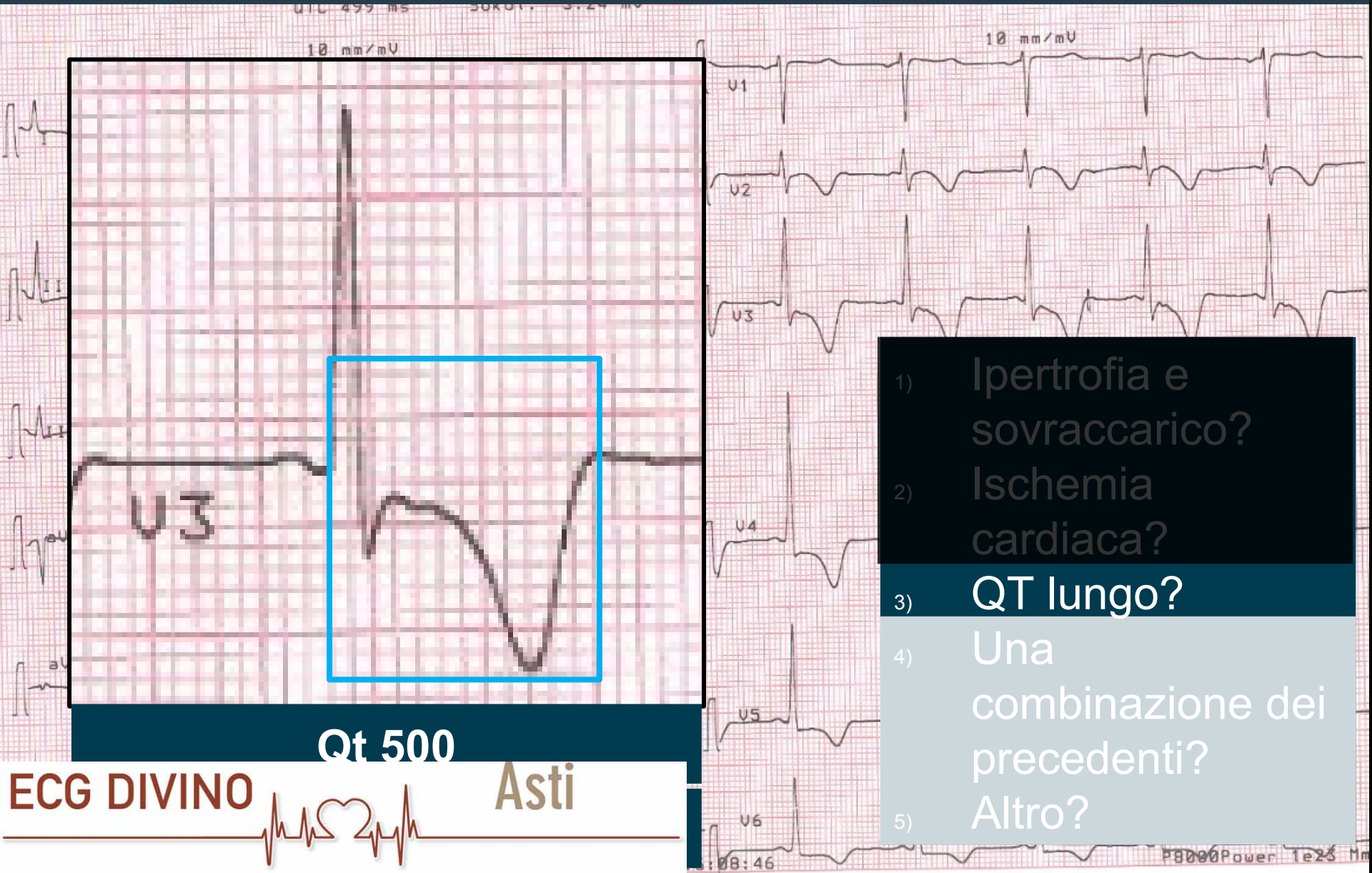
ECG DIVINO Asti

ECG 6 settembre, tre settimane dopo la sincope



1) Ipertrofia e sovraccarico?
2) Ischemia cardiaca?
3) QT lungo?
4) Una combinazione dei precedenti?
5) Altro?

ECG DIVINO Asti

Altri dati clinici

Disturbi alimentari, dal 2011 diagnosi di anoressia nervosa

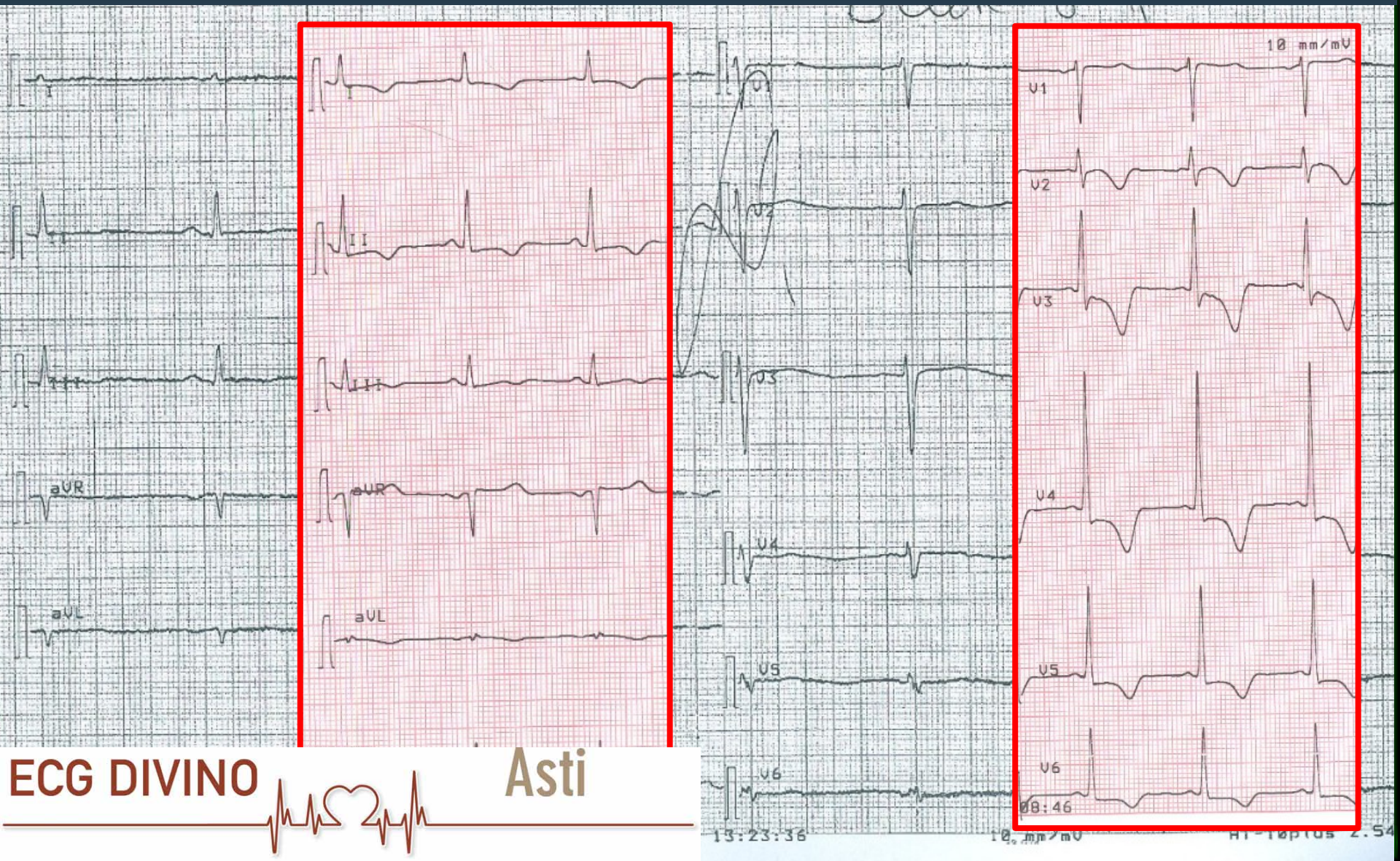
Sincope a casa dopo periodo ipoalimentazione

Peso al momento dell'evento: 23 kg (165 cm)

In PS:

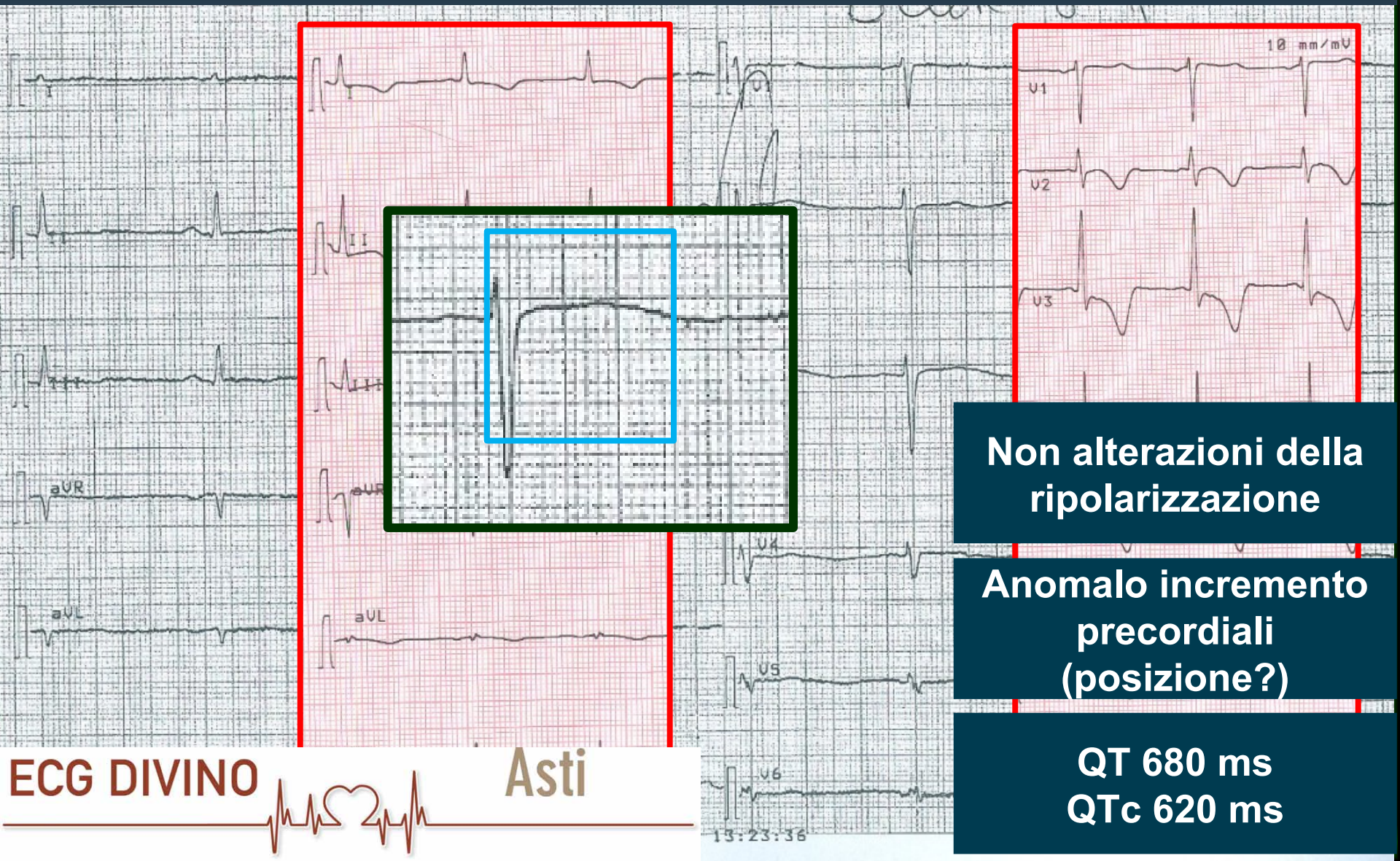
- Disidratazione
- Insufficienza epatica (AST 1180, LDH 934, INR 1.96)
- Ipoglicemia (12 mg/dl)
- Elettroliti normali (Na, K, Mg, Ca), enzimi cardiaci

ECG dopo sincope, 14 agosto



ECG DIVINO Asti

ECG dopo sincope, 14 agosto



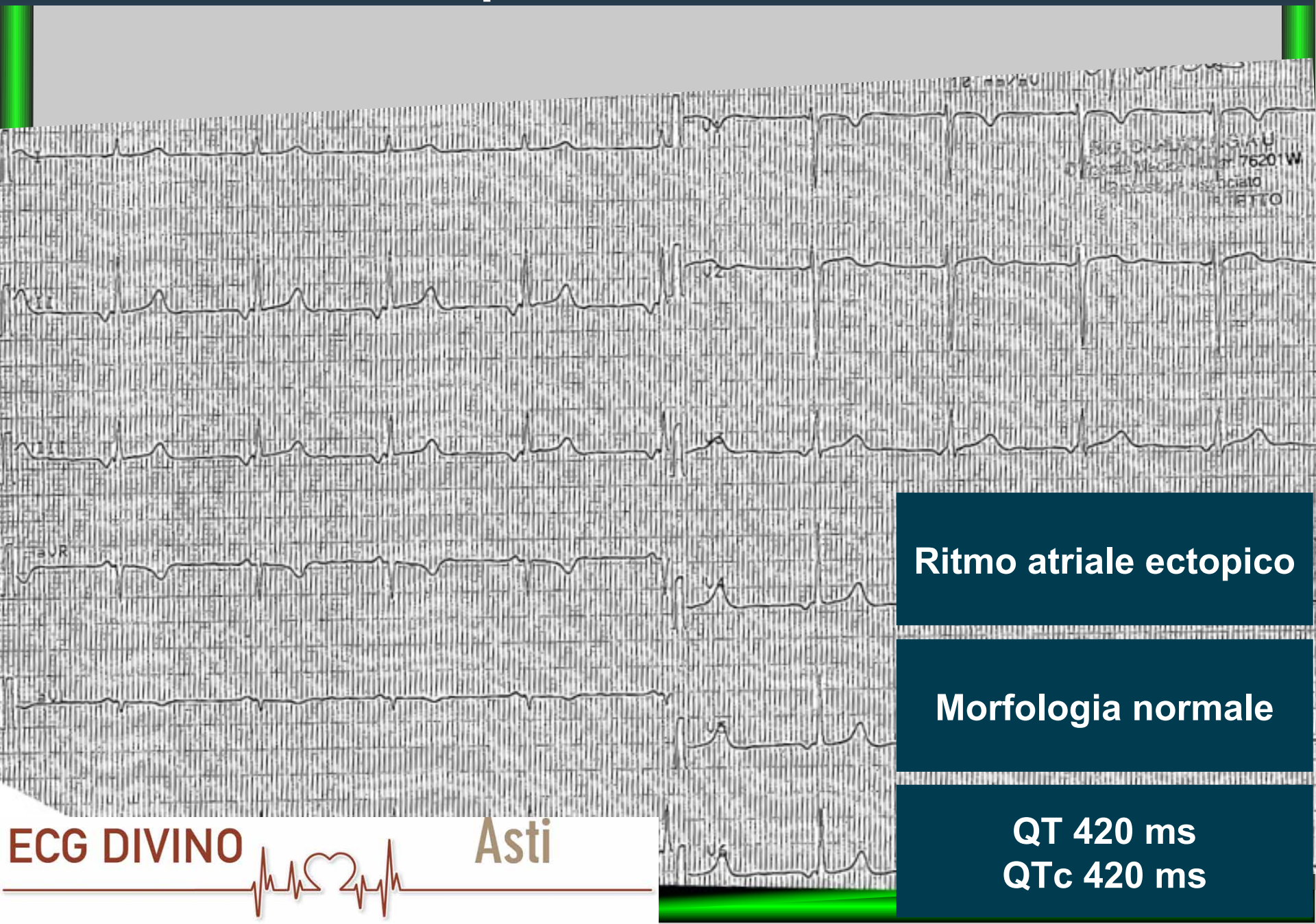
Non alterazioni della ripolarizzazione

Anomalo incremento precordiali (posizione?)

QT 680 ms
QTc 620 ms

ECG DIVINO Asti

Unico ECG precedente, febbraio 2016



Ritmo atriale ectopico

Morfologia normale

QT 420 ms
QTc 420 ms

ECG DIVINO Asti

Altri dati clinici

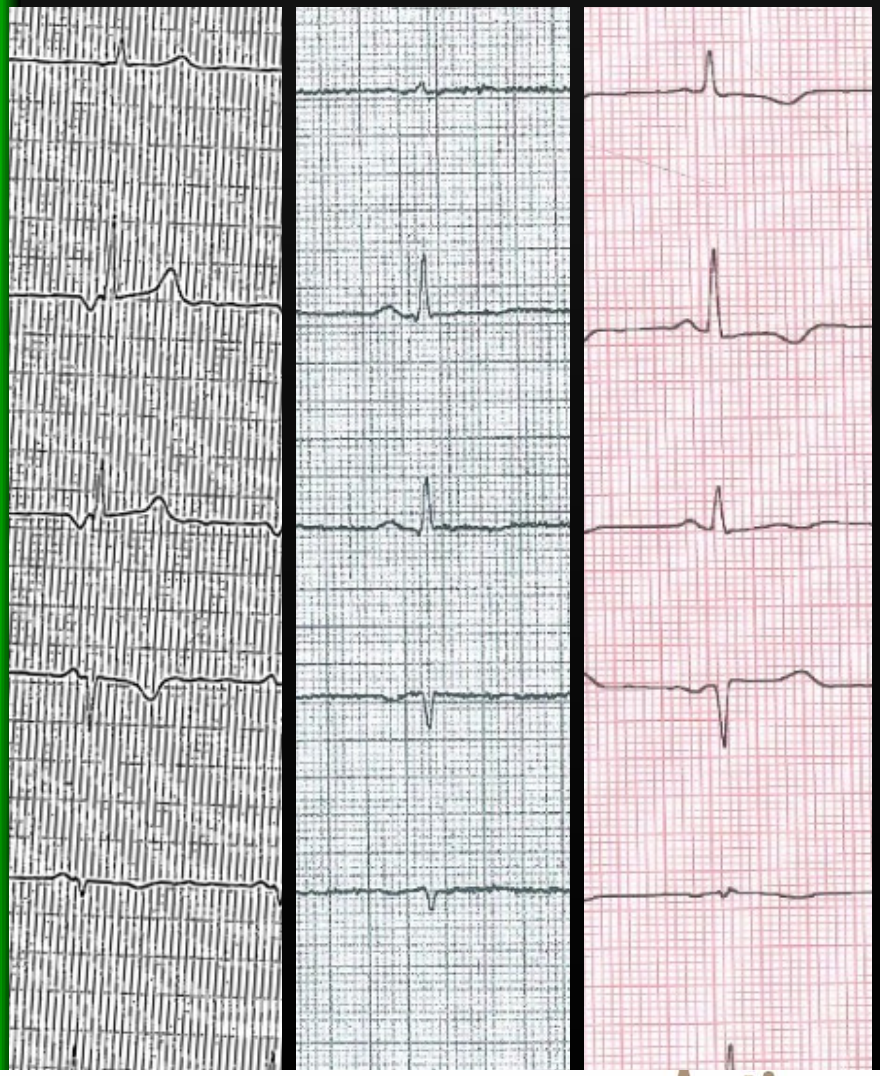
Ricoverata reparto medicina interna

Si interpreta l'episodio, come altre (rare) segnalazioni in letteratura, come di origine ipovolemia, con epatite ischemica e successiva ipoglicemia.

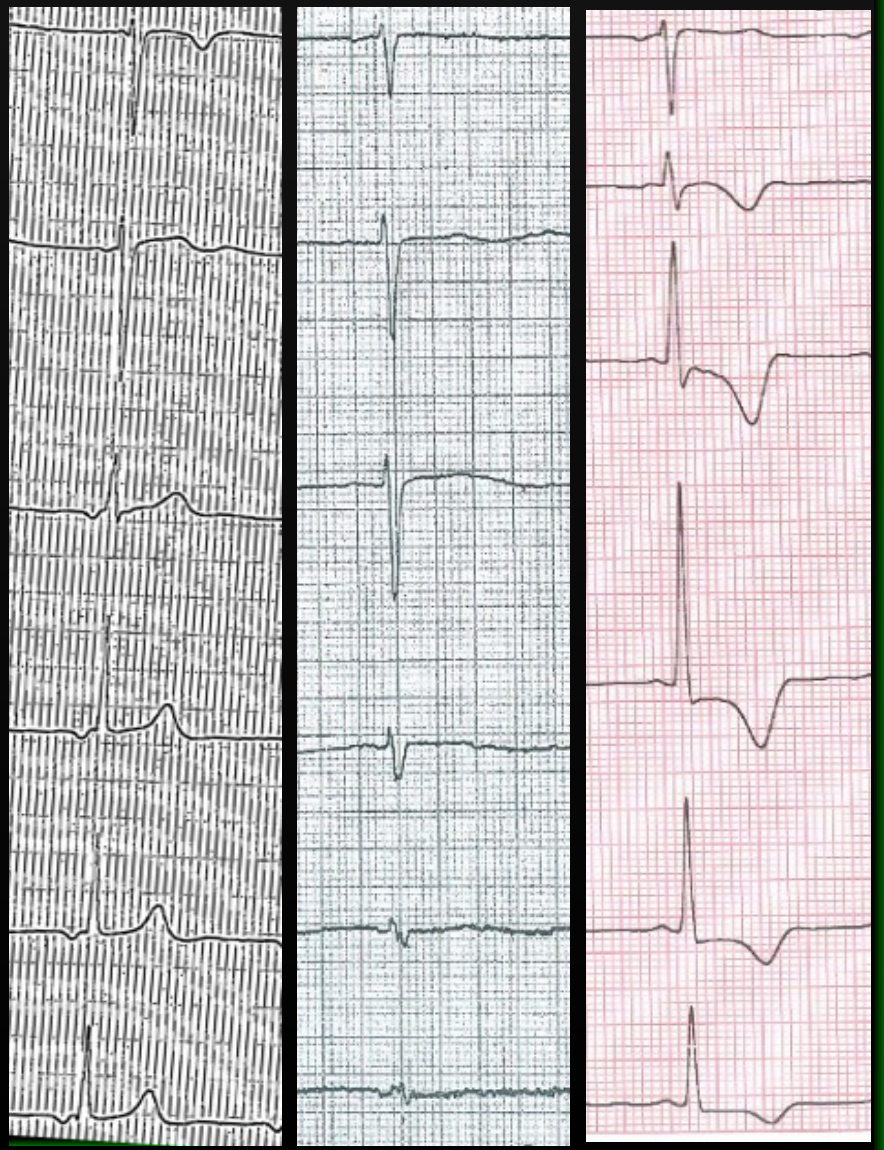
Trasferita psichiatria nostro ospedale

ECG anomalo, troponina 75 (vn <50) → cardiologia

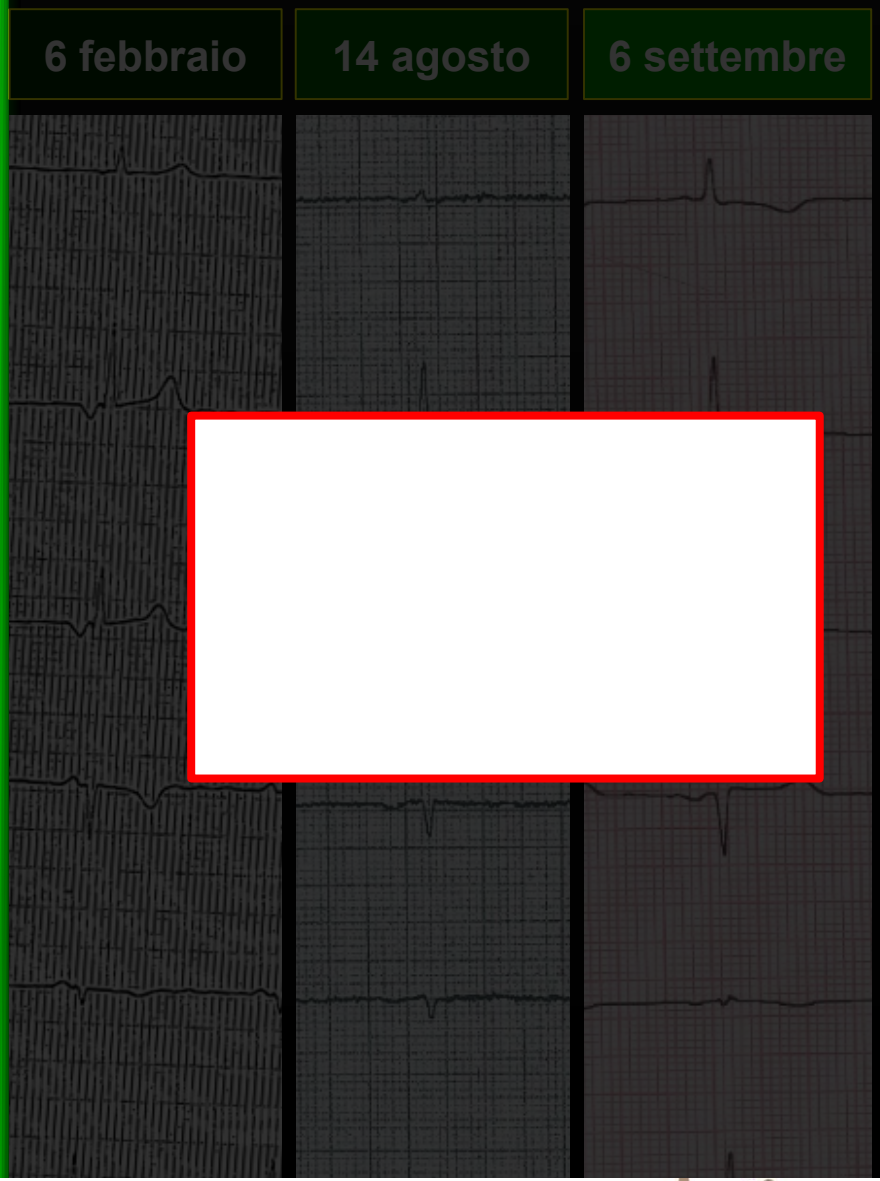
6 febbraio | 14 agosto | 6 settembre

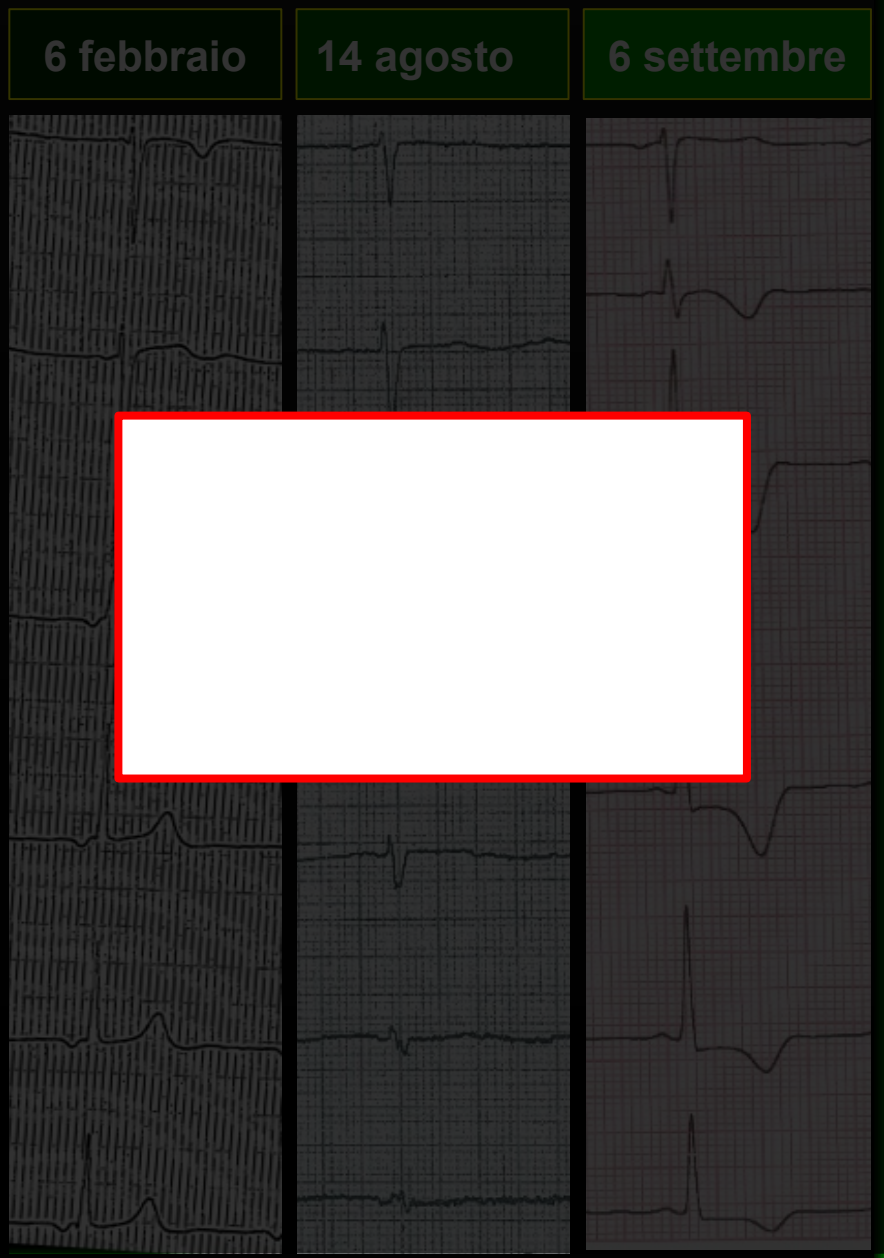


6 febbraio | 14 agosto | 6 settembre



ECG DIVINO Asti





Anoressia Nervosa e apparato cardiovascolare

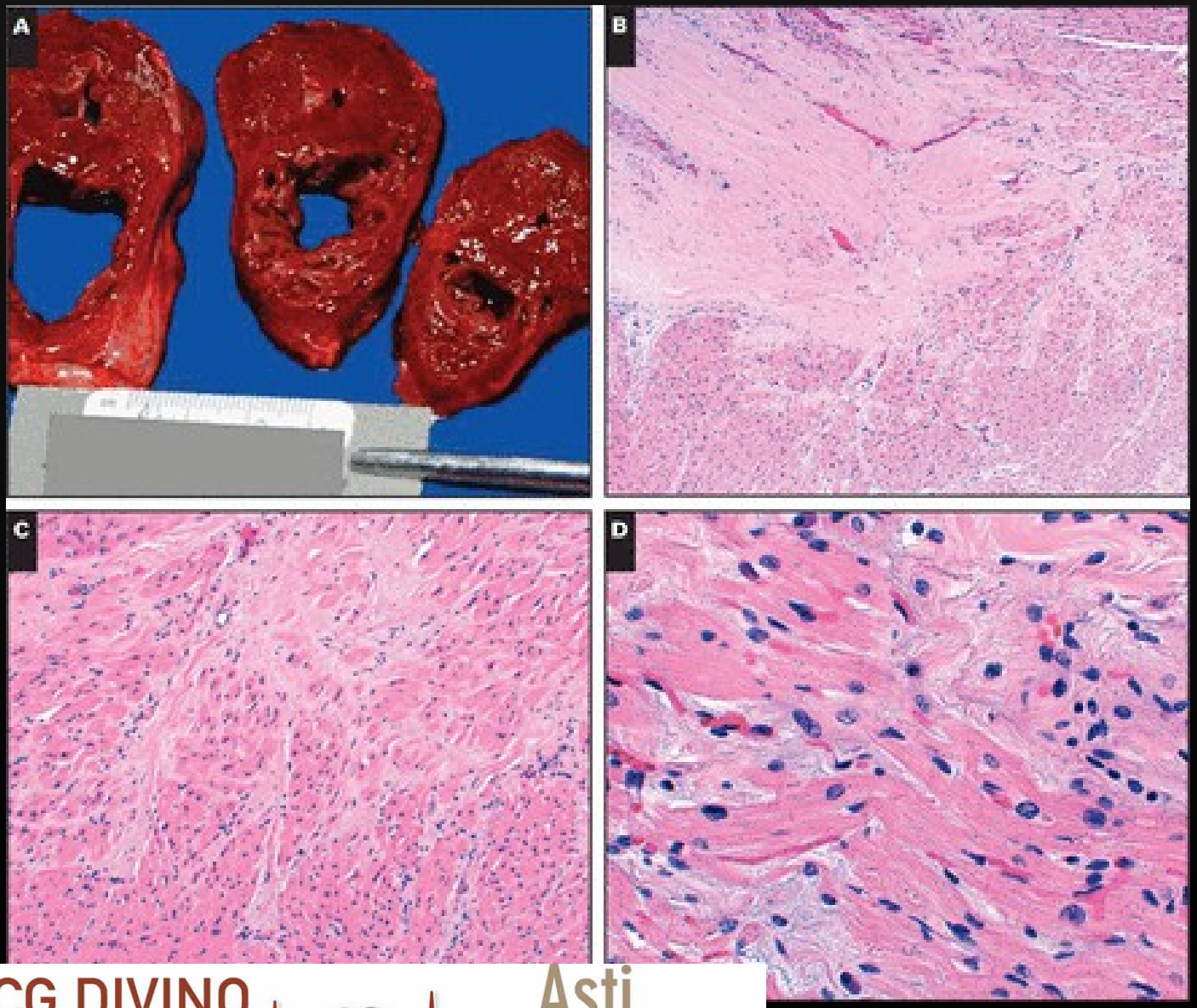
Bradicardia sinusale

Prolungamento QTc

ECG DIVINO Asti

Sachs, Int Clin Diso, 2016
Upegui, Rev Colom Pisiq, 2014

Modificazioni strutturali cardiache in anoressia



Atrofia miociti

Ipotrofia miocardio

Fibrosi interstiziale

Lamzabi, Am J Clin Pathology, 2015

Anoressia Nervosa e ECG

Bradicardia sinusale

Basso voltaggio in V6

Prolungamento QTc

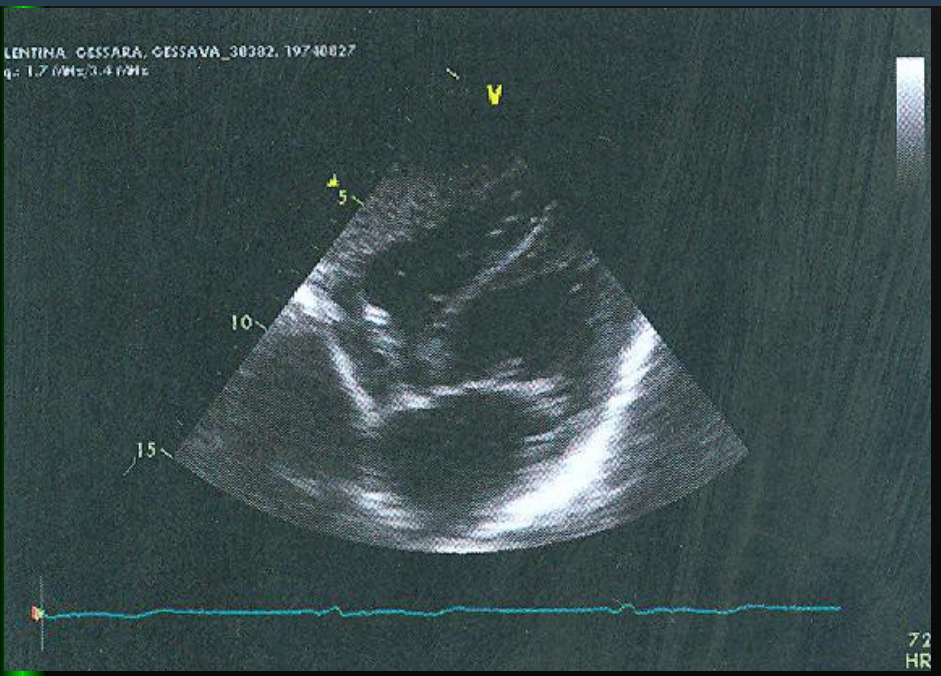
Case Report

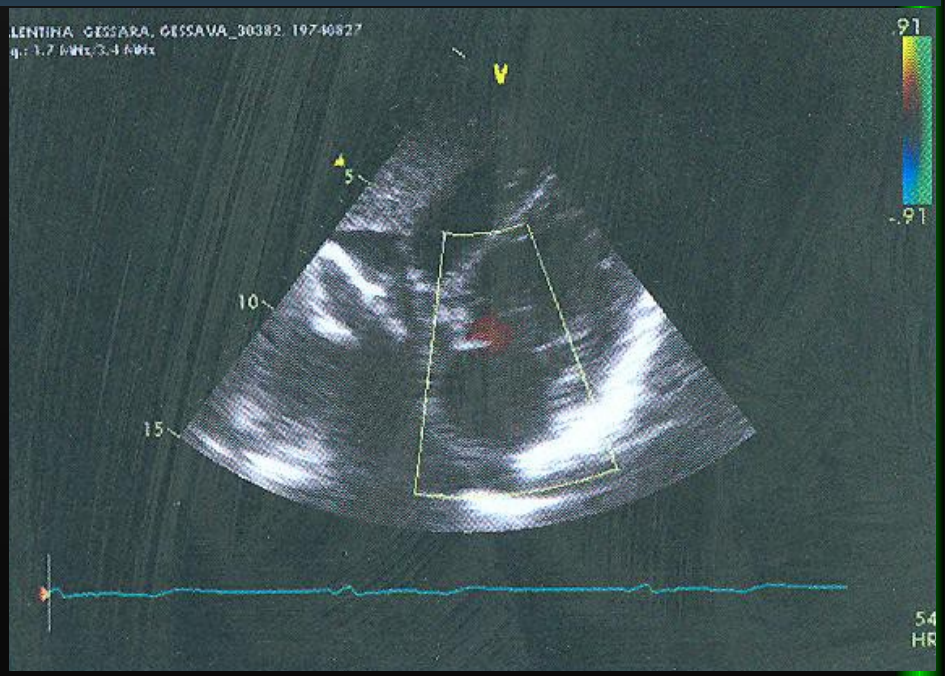
Mancano report su inversione onda T

ECG DIVINO Asti

Sachs, Int Clin Diso, 2016
Upegui, Rev Colom Pisiq, 2014

Ecocardiogramma





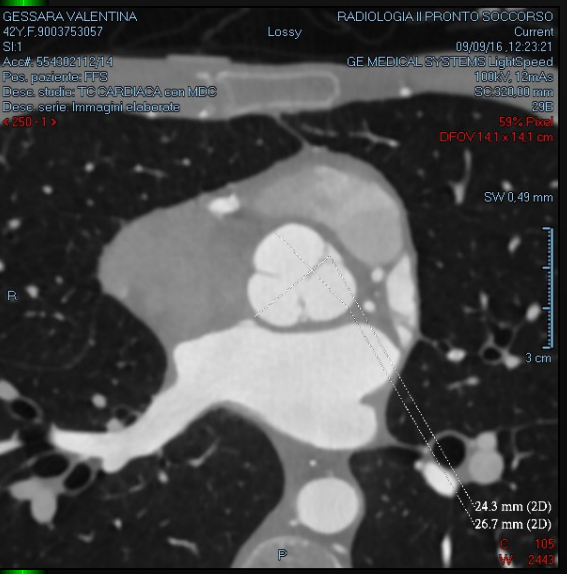
Ipocinesia inferiore basale, setto posteriore e parete posteriore basale, FE 50%

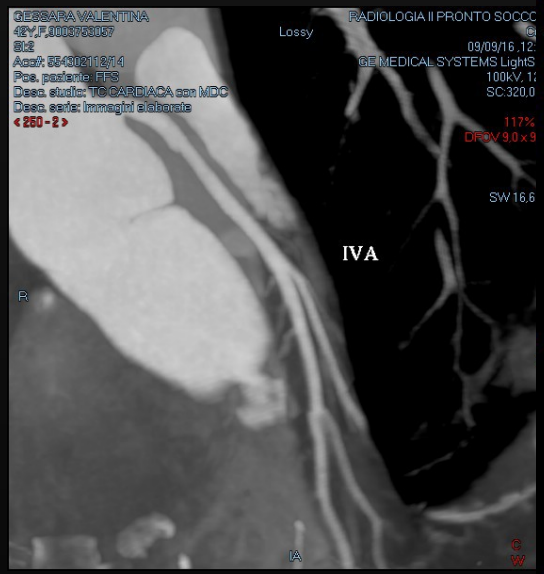
Non ipertrofia

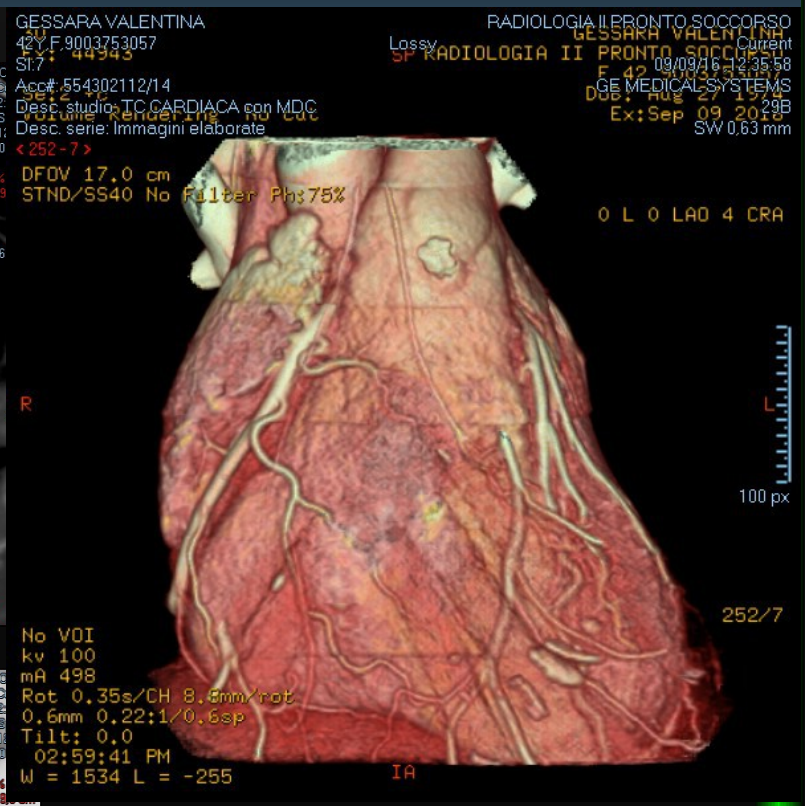
Approfondimenti diagnostici:

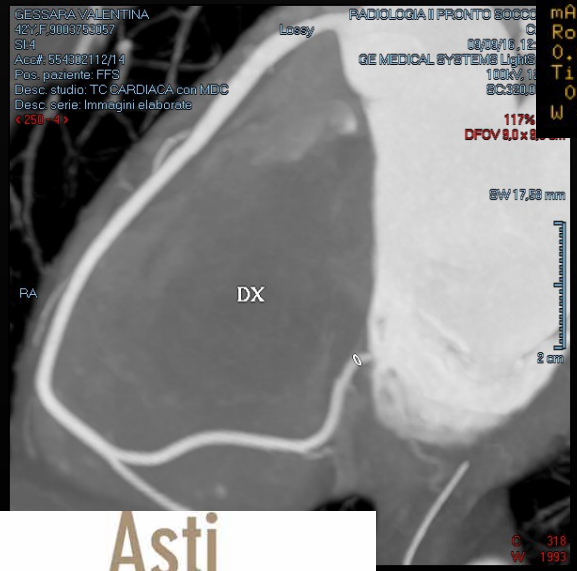
1) Test ergometrico?
2) Scintigrafia?
3) Coronaro TC?
4) Coronarografia?
5) Altro?

Coro TC









Coronarie Indenni

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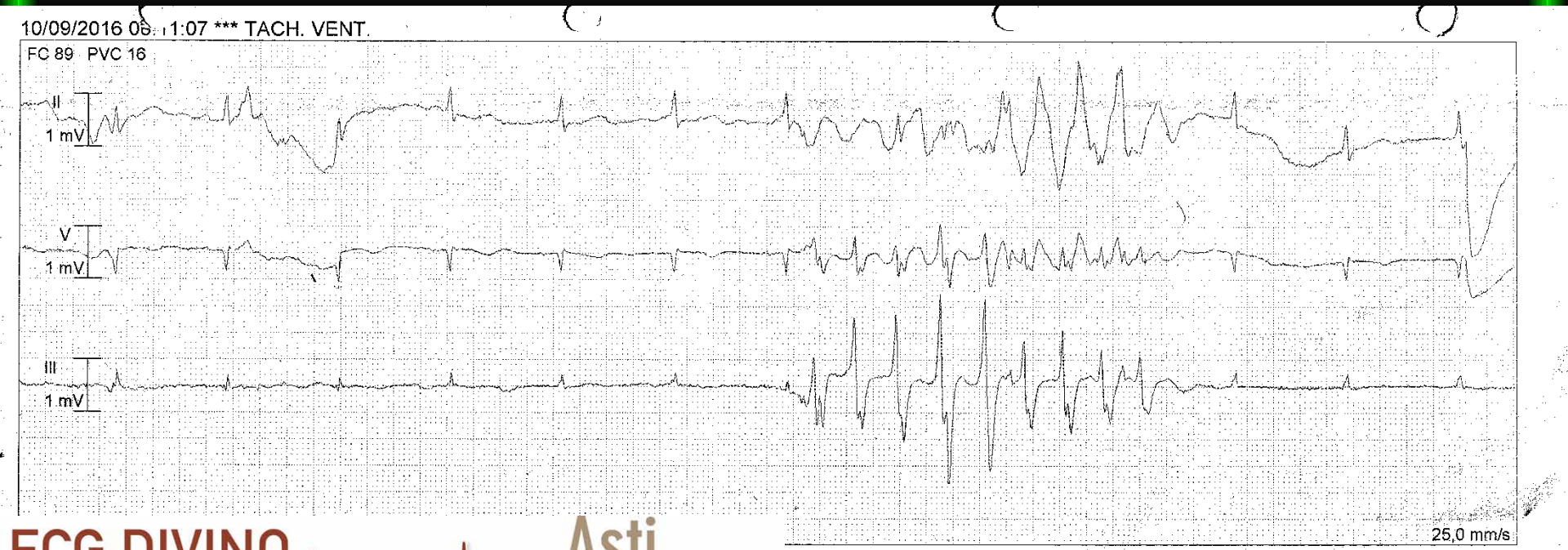
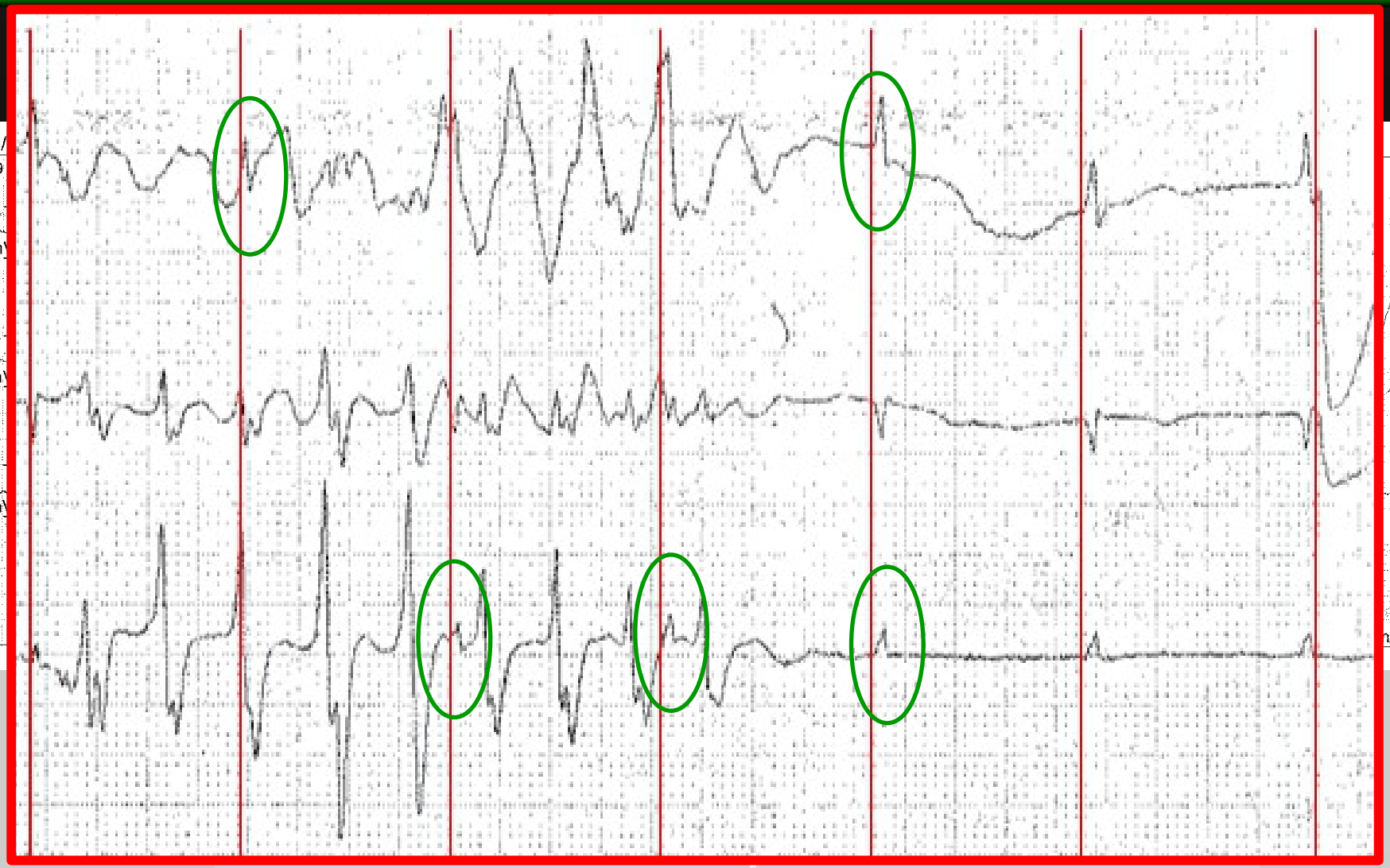
Followup clinico

Normalizzazione troponina

Monitoraggio ECG



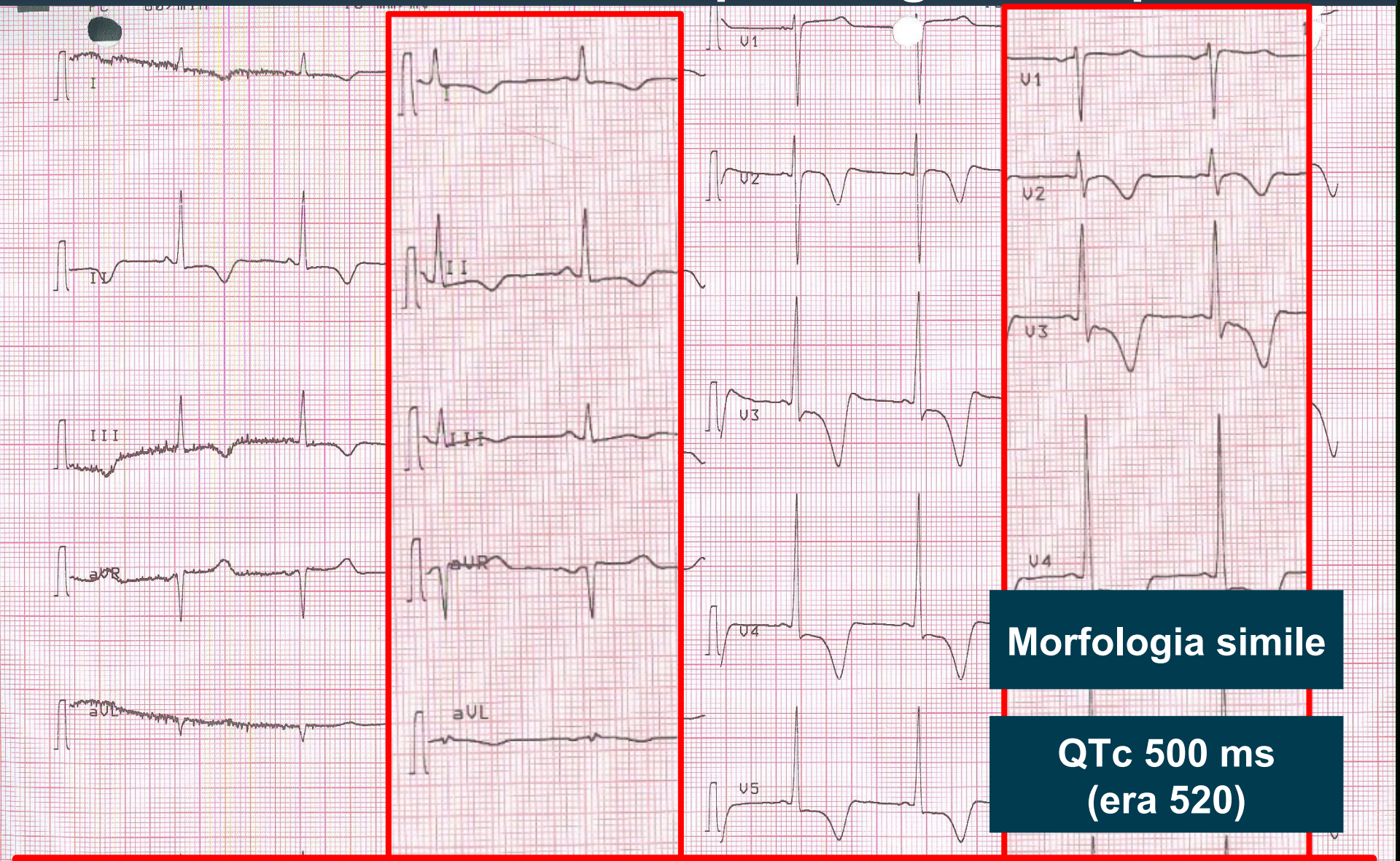
ECG DIVINO Asti



2) Altro?

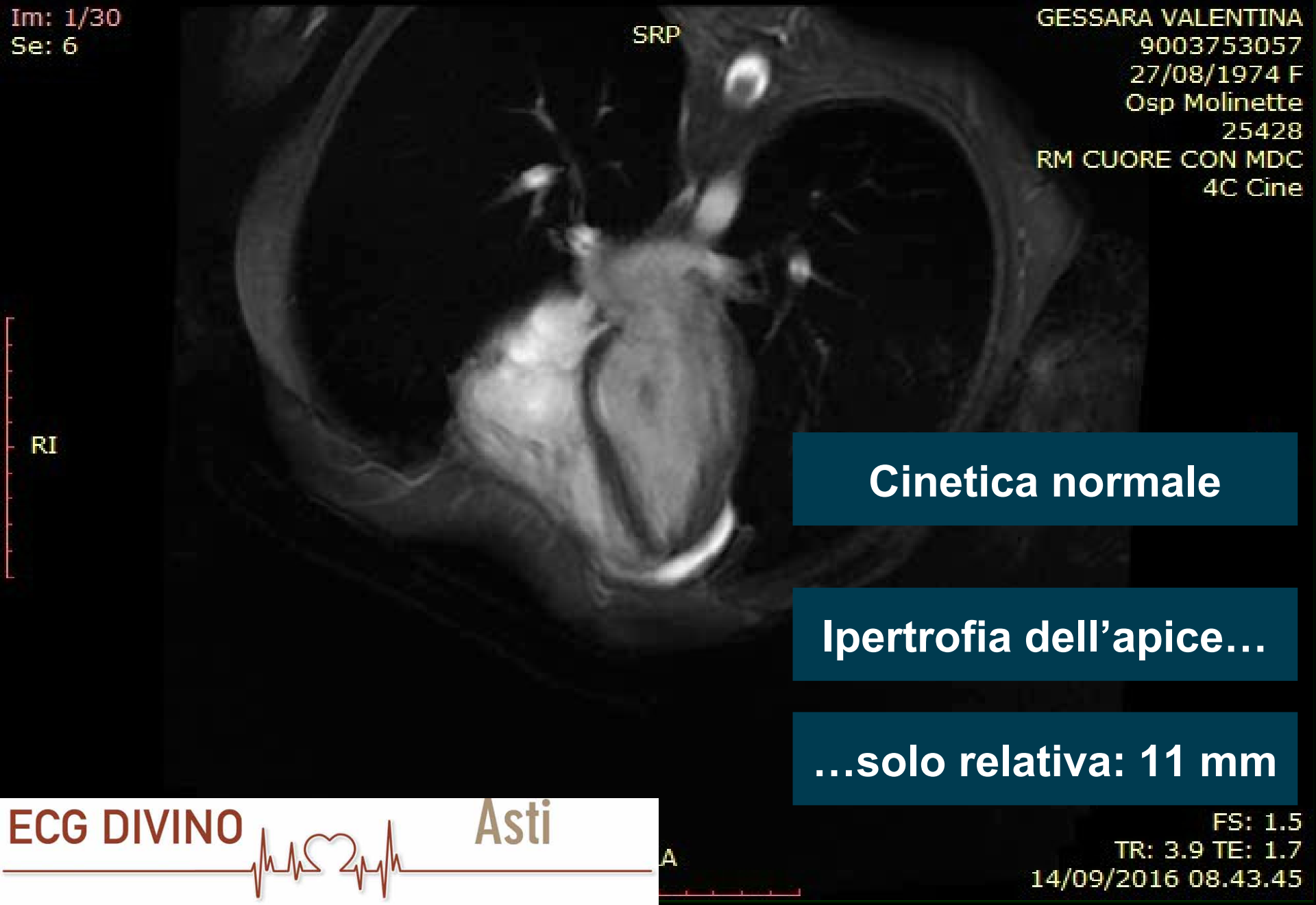
ECG DIVINO Asti

ECG 10 settembre, quattro giorni dopo

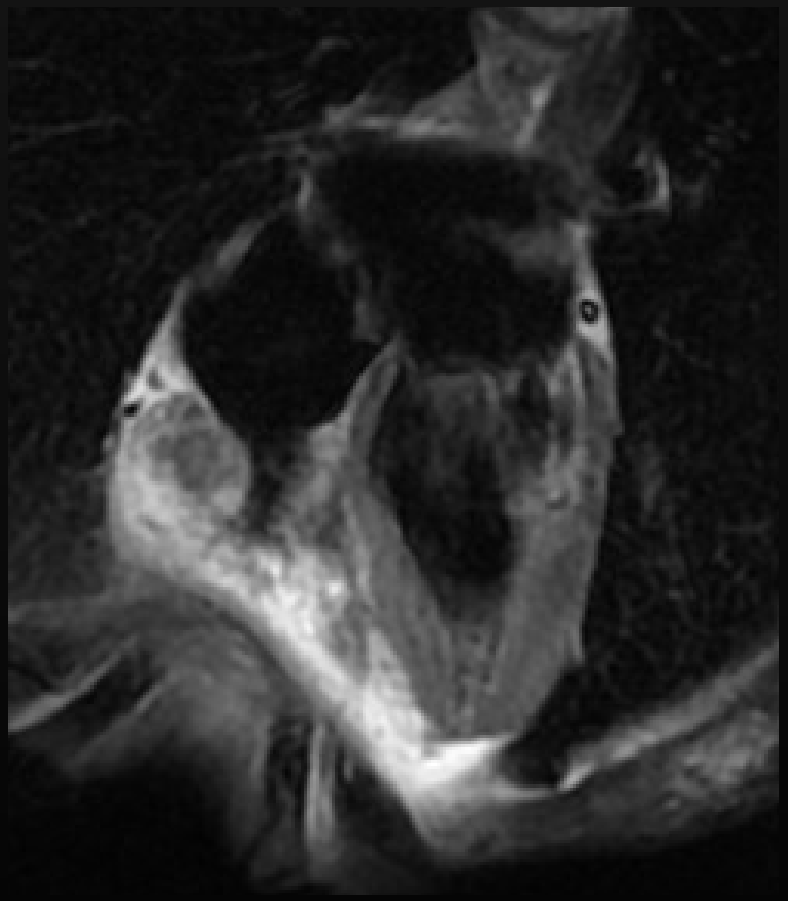


RMN

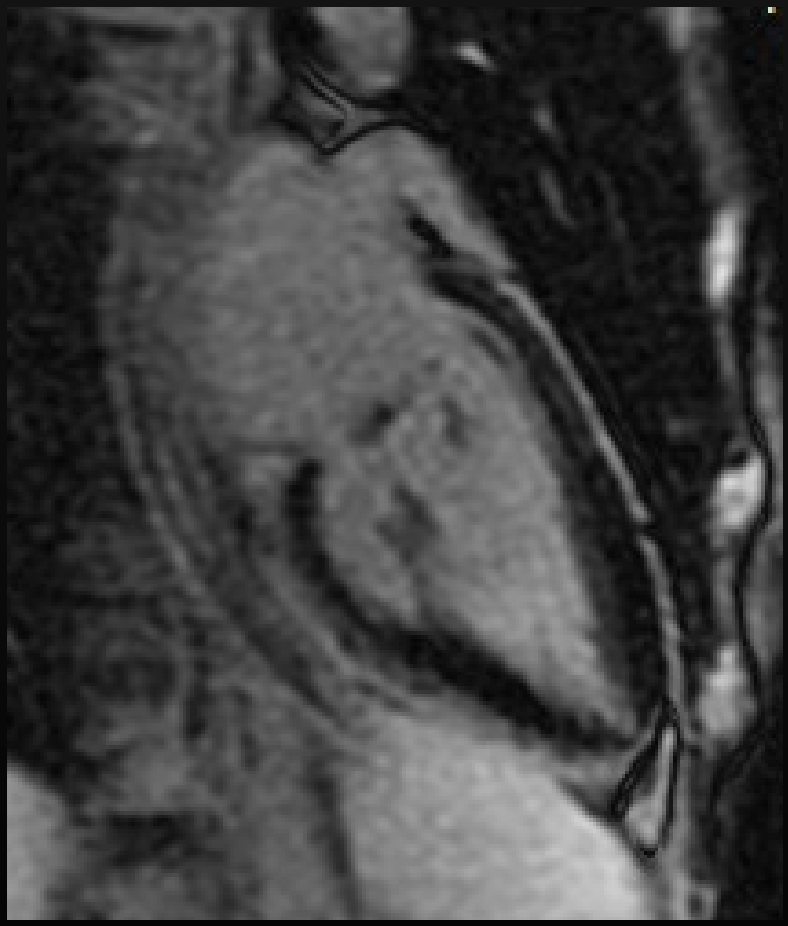
RMN



RMN



Non edema



Non fibrosi

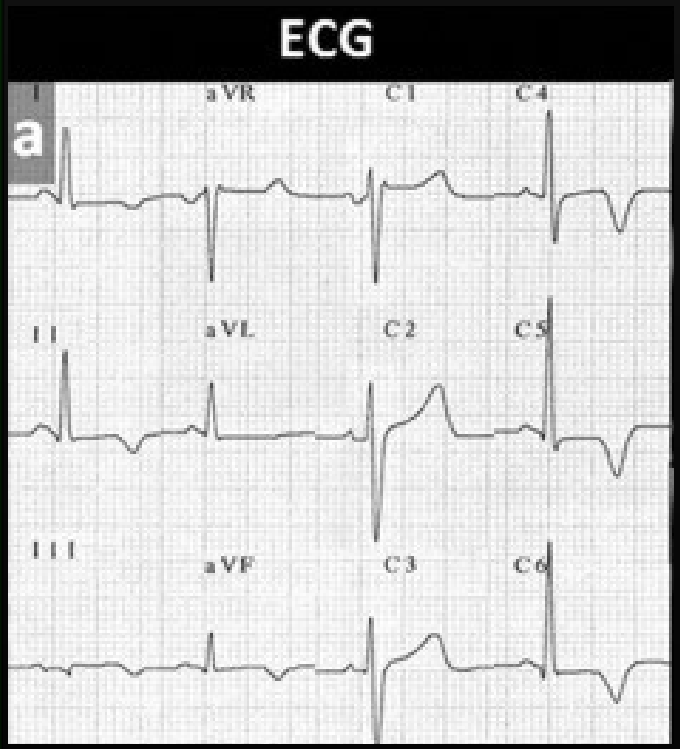
RMN

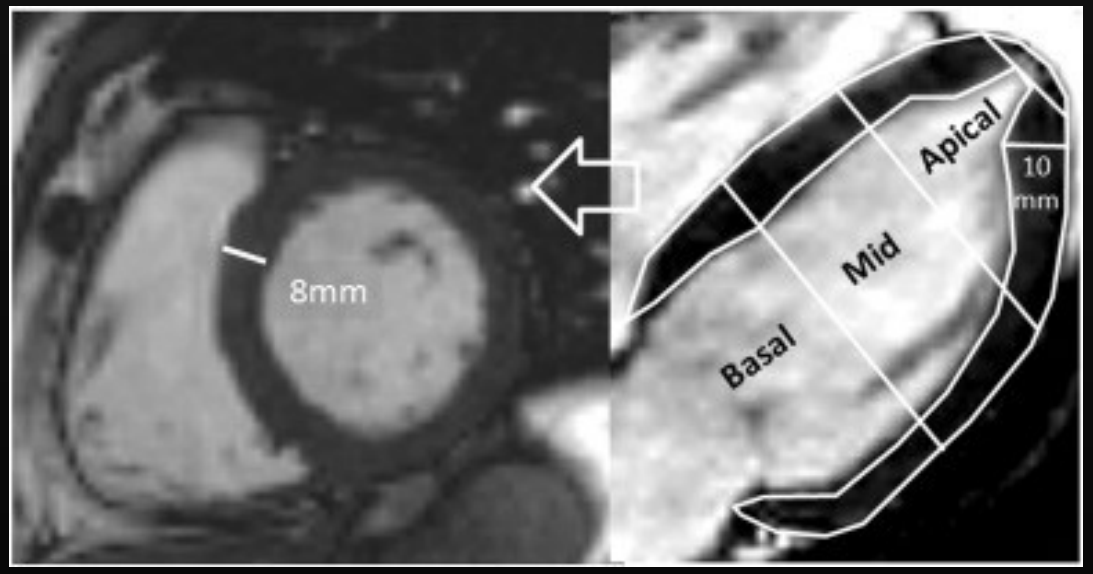
Non edema

Non fibrosi

Diagnosis of apical hypertrophic cardiomyopathy: T-wave inversion and relative but not absolute apical left ventricular hypertrophy ☆

Andrew S. Flett [a], Viviana Maestrini [b], Don Milliken [b], Mariana Fontana [b], Thomas A. Treibel [b], Rami Harb [b], Daniel M. Sado [b,c], Giovanni Quarta [d,f], Anna Herrey [b], James Sneddon [e], Perry Elliott [b,c], William McKenna [b,c], James C. Moon [b,c,*]





22 pazienti con T inv e relativa ipertrofia apicale senza pieni criteri per HCM

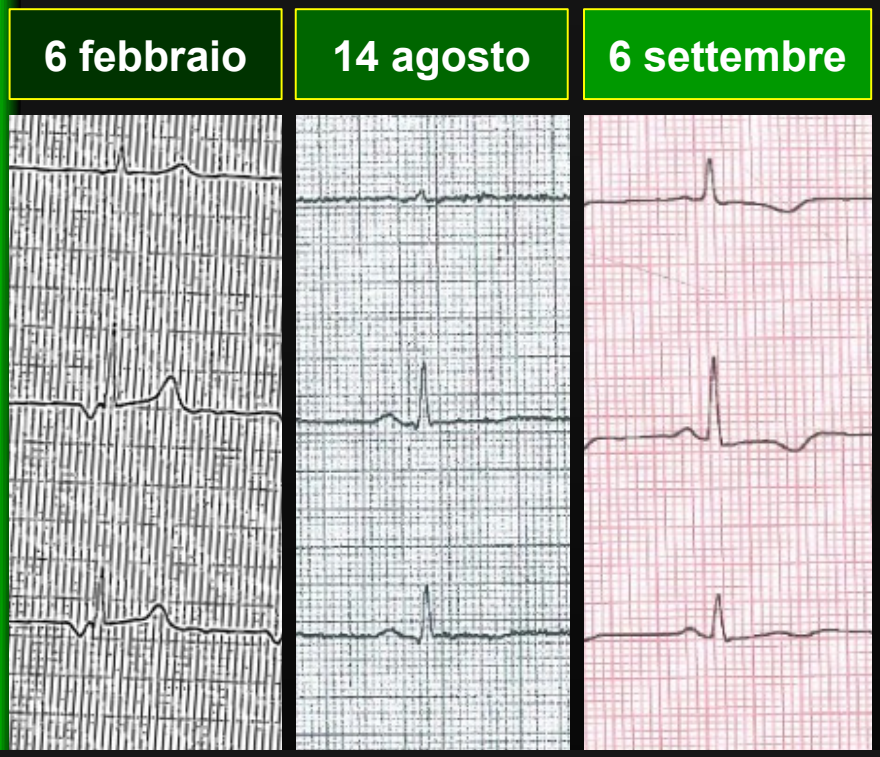
ECG DIVINO Asti

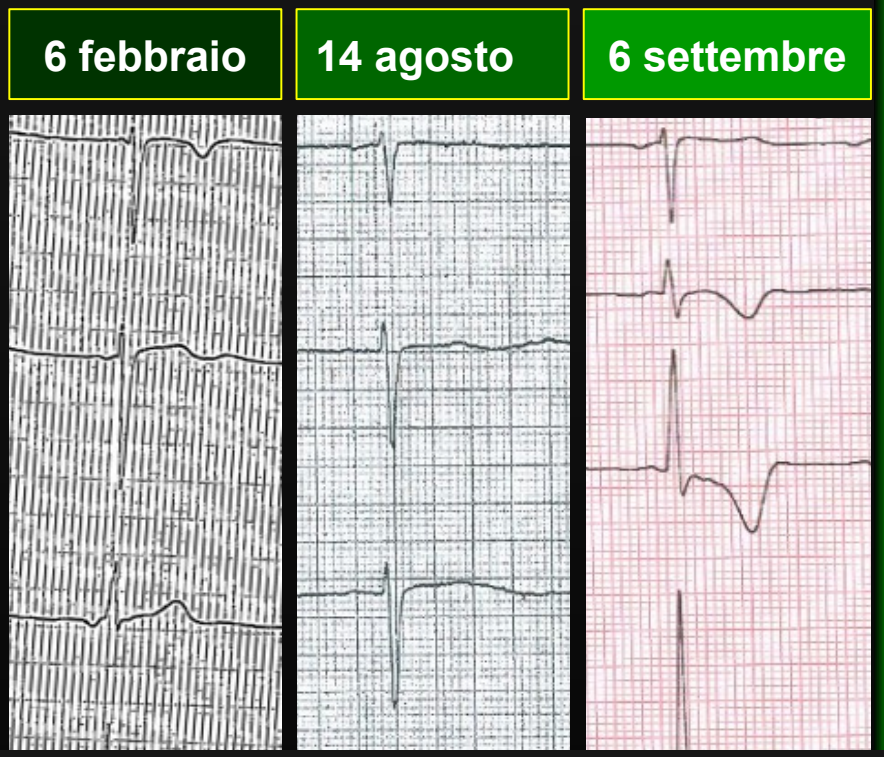
Flett, Int J Cardiol, 2015

Prima ipotesi diagnostica

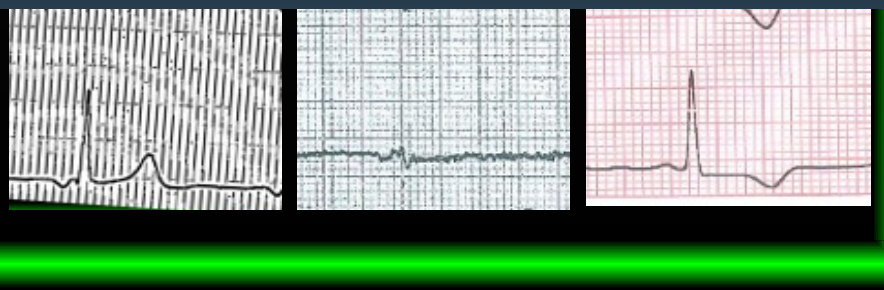
Prima ipotesi diagnostica

ECG DIVINO Asti



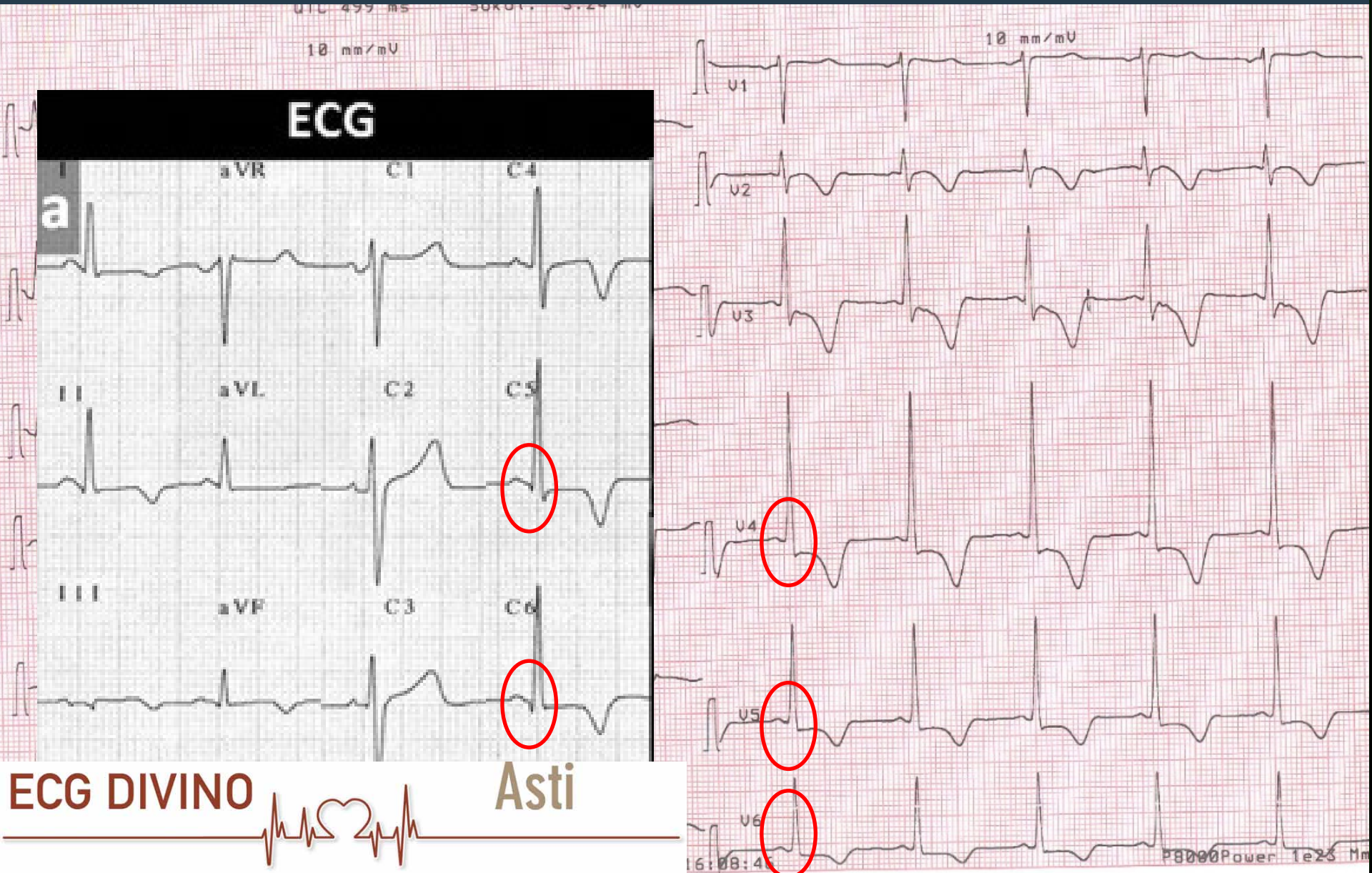


Ma questo non spiega
il rapido cambiamento dell'ECG



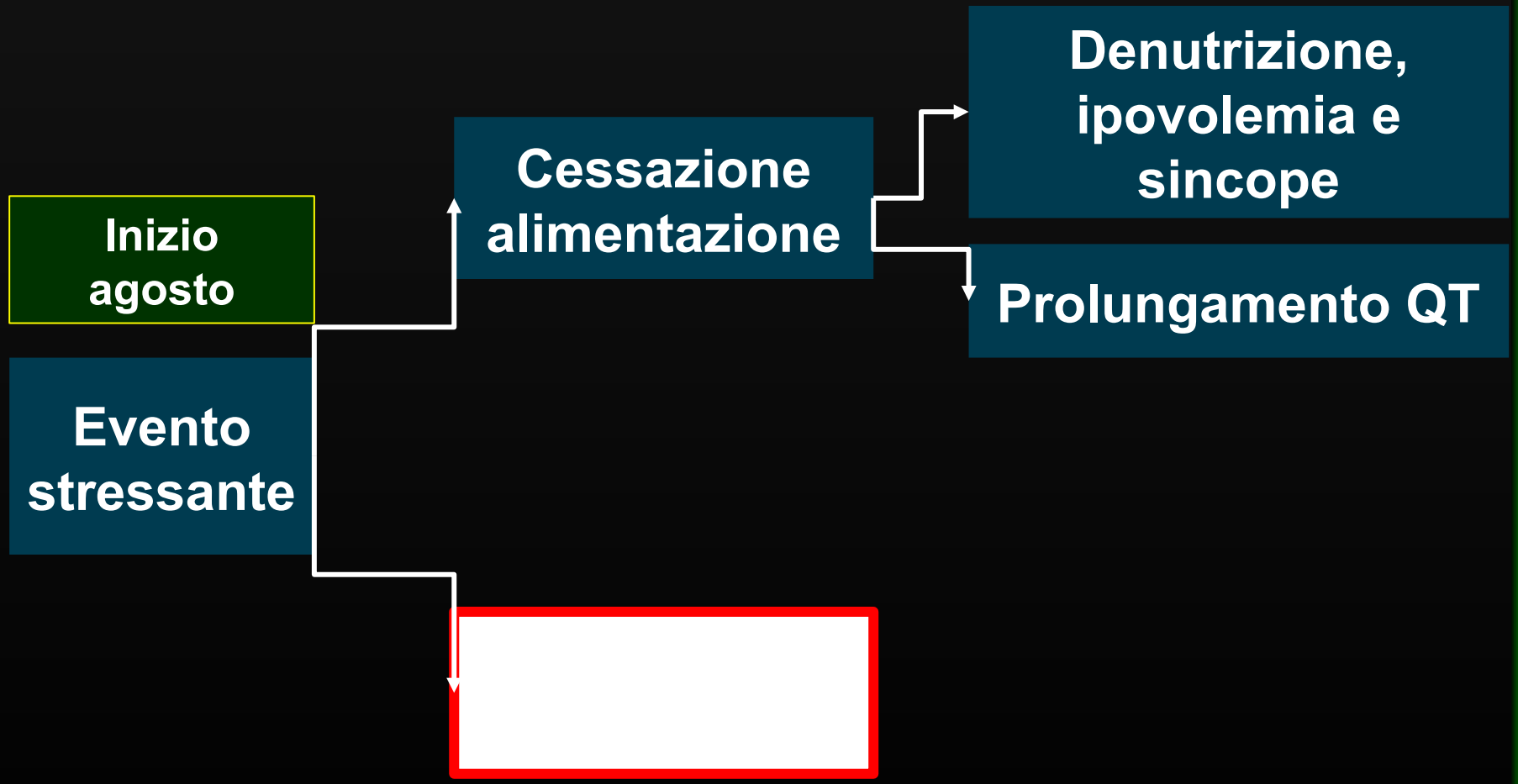
ECG DIVINO Asti

ECG 6 settembre



Seconda ipotesi diagnostica

Seconda ipotesi diagnostica



The Journal of Medicine

CASE REPORT

Tako Tsubo cardiomyopathy, presenting with cardiogenic shock in a 24-year-old patient with anorexia nervosa

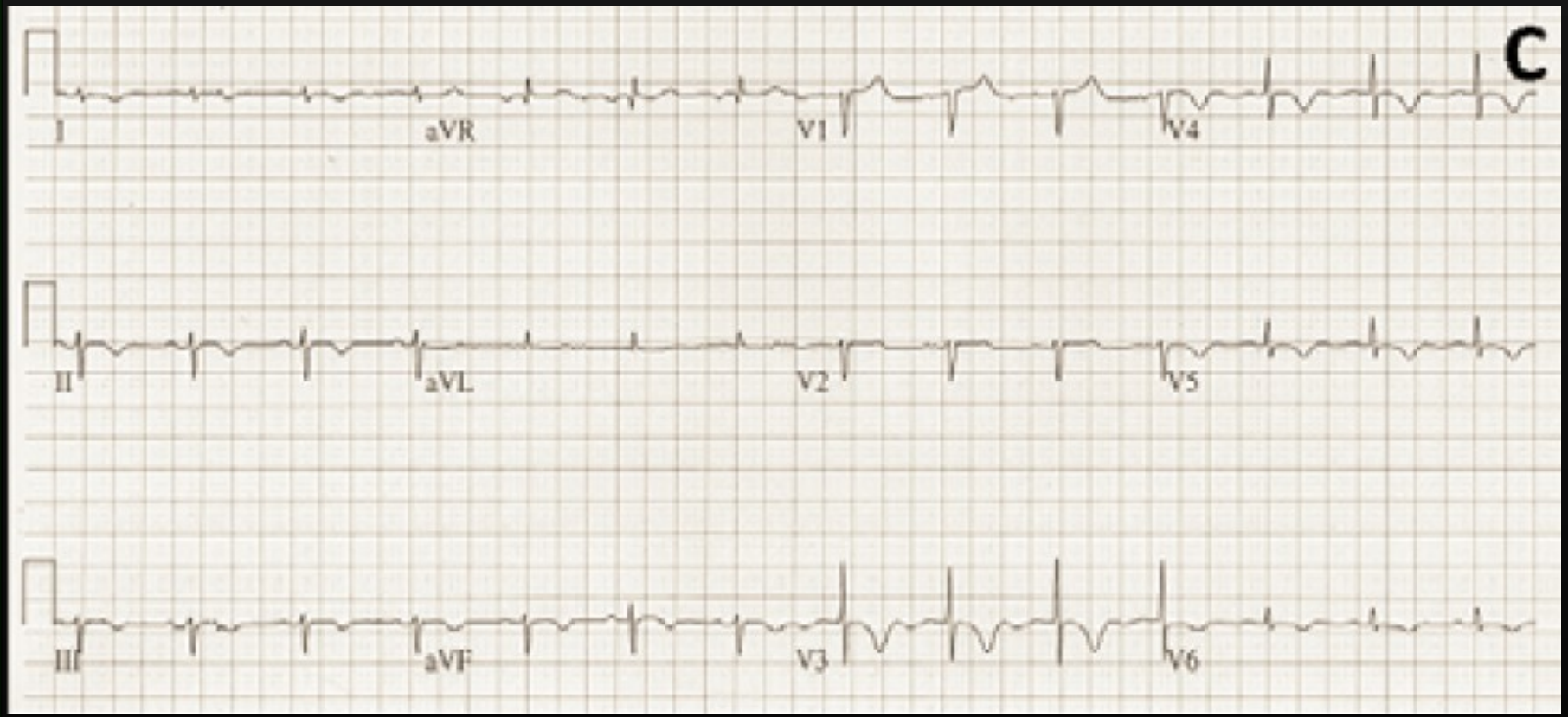
M.N.M. Volman[1,2*], R.W. ten Kate[2], R. Tukkie[1]

INTERNAL MEDICINE

□ CASE REPORT □

Tako-tsubo Cardiomyopathy Complicated by Recurrent Torsade de Pointes in a Patient with Anorexia Nervosa

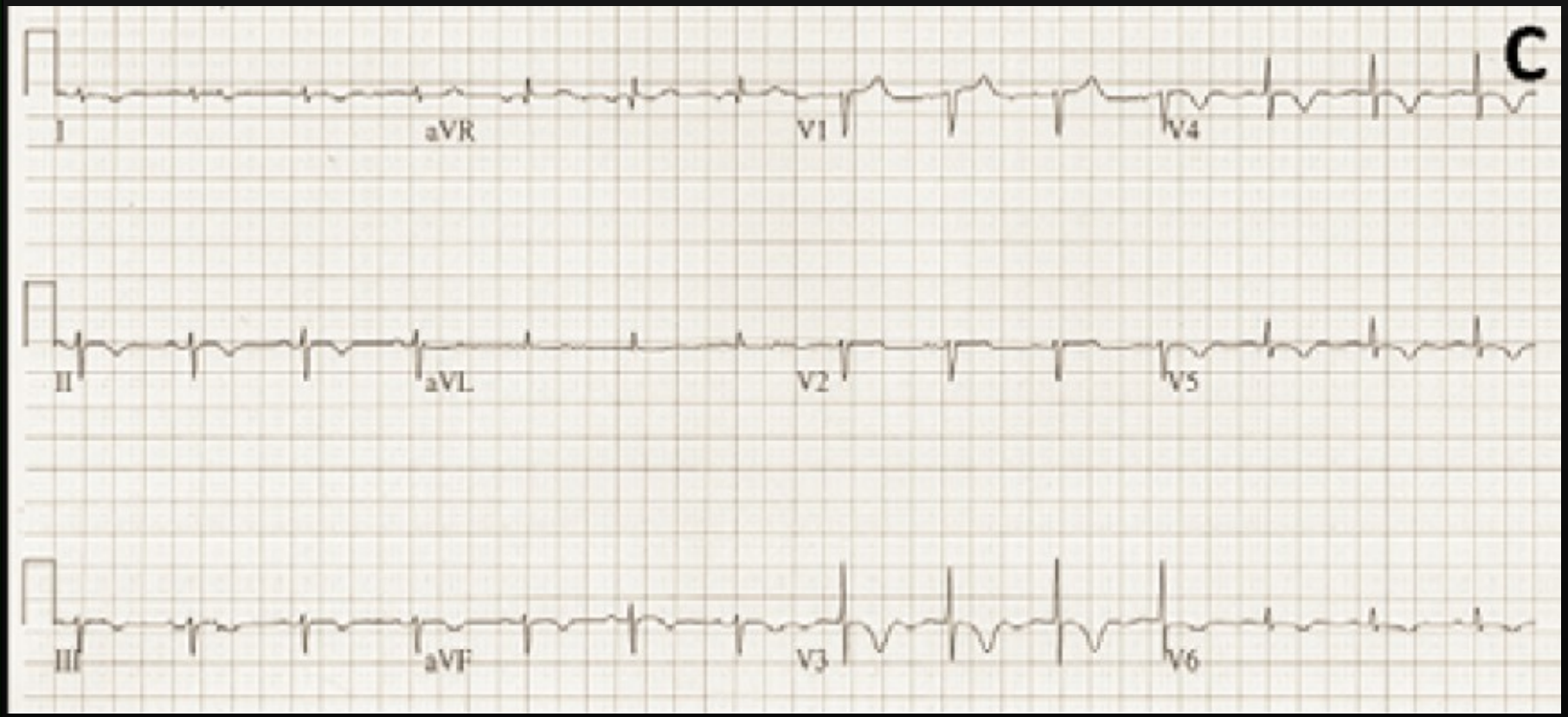
Lanzillo, Fiore Candelmo, Emilio Di Lorenzo,
nd Giovanni Stanco



Volmann, Ned J Med, 2011

L’inversione dell’onda T può persistere per diversi mesi

Komamura, world j cardiol, 2014



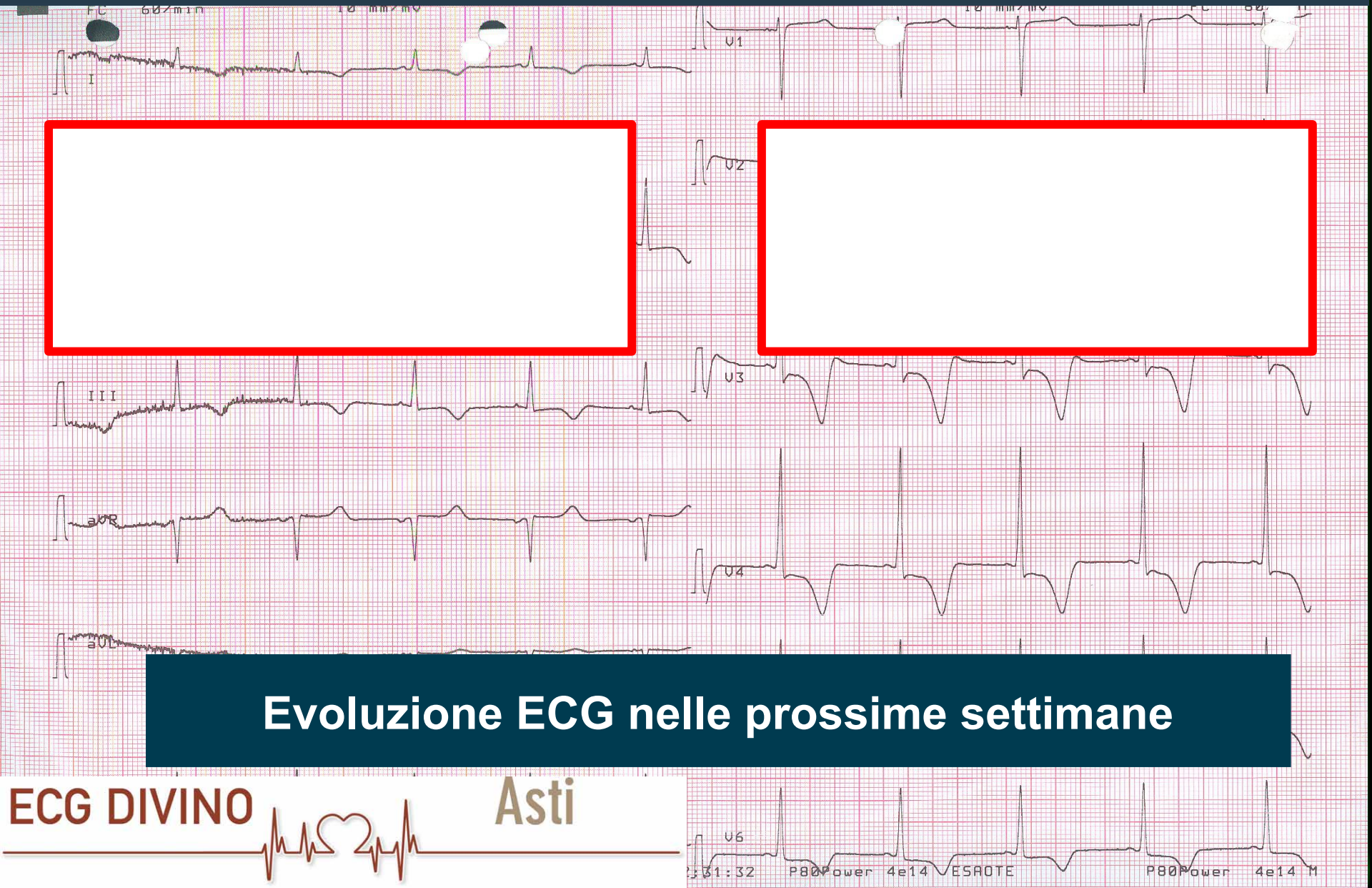
Volmann, Ned J Med, 2011

L’inversione dell’onda T può persistere per diversi mesi

Komamura, world j cardiol, 2014

Seconda ipotesi diagnostica

Due ipotesi diagnostiche



Evoluzione ECG nelle prossime settimane