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Peri-operative takotsubo cardiomyopathy: Are breast cancer patients at higher risk?

January Tsai, Jeff Cerny, Spencer Kee, Farzin Goravanchi, Alicia Kowalski and Elizabeth Rebello
MD Anderson Cancer Center, USA

Stressful events (ie surgical intervention) are known to be associated with physiologic insults. Takotsubo Cardiomyopathy (TC) is a reversible, stress-induced, non-ischemic cardiomyopathy associated with temporary weakness of the myocardium and midventricular or apical ballooning. Angina, ST abnormalities, elevated troponins, ventricular asynergy, congestive heart failure (CHF), and decreased ejection fraction (EF) are all components of TC. The unique finding is that they occur on the absence of occlusive coronary artery disease (CAD). In this case presentation with institutional review board (IRB) approval we report a case of post-operative cardiac symptoms that all resulted in a diagnosis of TC, and identify the pathology associated with the condition. The etiology of TC is unclear. However, evidence points to activation of the sympathetic nervous system: patients are found to have high levels of circulating catecholamines, up to 7-34 times the normal value, compared to 2-3 times the normal level for patients experiencing acute MI. In this case presentation with institutional review board (IRB) approval we report a case of post-operative cardiac symptoms that resulted in a diagnosis of TC, and we identify the pathology associated with the condition.

Biography

January Tsai, MD obtained her undergraduate degree from the University of Texas in Austin, with Honors, and her MD from University of Michigan Medical School in Ann Arbor, Michigan. After completing Anesthesiology residency at the University of Texas Health Science Center in Houston, Texas, Dr. Tsai completed a Cardiothoracic Anesthesia Fellowship at Texas Heart Institute. She has dedicated her entire career to the patients in the Texas Medical Center. She serves as the Departmental Liaison to the MD Anderson Women & Diversity Inclusion Council. She has lectured nationally and internationally, and has published more than 30 papers in peer reviewed journals.

JTsai@mdanderson.org

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