Pericarditis & Takotsubo cardiomyopathy can occur simultaneously?

**CASE PRESENTATION**

70-year-old woman:
- Chest pain, nausea
- EKG: diffuse ST elevation → T wave inversion (figure 1,2)
- Echo: EF 35%, apical akinesis (figure 3)
- Left heart catheter: no coronary obstruction (figure 4)
- Started on aspirin, lisinopril, metoprolol
- Rapid resolution of symptoms without colchicine.

**LITERATURE REVIEW**

- Takotsubo: transient regional systolic dysfunction (LV apex). Mimics ACS + normal angiography
- Pericarditis: 27.7/100K/year[1]
- Pericarditis in Takotsubo: resolves swiftly

**RESULTS**

Pericarditis & Takotsubo cardiomyopathy can occur simultaneously?

**REFERENCES**

3. Amr Telmesani, Emmanuel Moss, Michael Chetrit. The use of colchicine in pericardial diseases. ACC, 2019