**STRESS CARDIOMYOPATHY: LOOK AT THE URINE!**

**S.A. Raza**1, S. Haley1, L. Hunter1, F. Raza2

1Methodist Health System- Dallas, Dallas, TX, USA

2Baylor University Medical Center, Dallas, TX, USA

**Case Presentation:** A 56-year-old African American male with past medical history of Type II Diabetes Mellitus presented with complaints of substernal chest discomfort and dyspnea on exertion that had started suddenly. On physical exam he had an audible S3, diffuse crackles, and lower extremity edema. His initial labs were concerning for an elevated serum troponin (3.4 ng/ml). His EKG showed sinus tachycardia with lateral t-wave inversions and chest x-ray showed pulmonary vascular congestion. Given the acute nature of his symptoms he was treated as a NSTEMI with anticoagulation. Initial echocardiogram was concerning for a severely decreased left ventricular systolic function (ejection fraction 10-15%) with extensive apical akinesis. Left heart catheterization did not reveal obstructive disease. We re-visited the patient after results came back from a urine drug screen that was positive for cocaine metabolites. Upon further questioning patient admitted to cocaine use prior to onset of symptoms. The patient was diagnosed with stress cardiomyopathy (Takutsubo) secondary to acute cocaine use. He was started on goal directed medical therapy with a non-selective beta blocker and ace inhibitor. Repeat echocardiogram obtained later revealed improvement of the apical wall motion abnormality and normalization of the ejection fraction further supporting the diagnosis.

**Discussion:**Stress cardiomyopathy, also known as Takutsubo cardiomyopathy, is a type of non-ischemic cardiomyopathy in which there is a transient systolic dysfunction of the anterior and apical segments of the left ventricle. Unfortunately, the exact pathophysiology behind the disease process remains unknown. Cocaine use has typically been associated with coronary vasospasm, however our case highlights that cocaine can also cause a stress cardiomyopathy. It is important to obtain a urine drug screen for further evaluation in patients with unclear source of transient cardiomyopathy.