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Figure 4: A perforation measuring 5 × 5 mm was present in the ventricular septum near the apex.

ventricle. Tenon felt strip was applied to close the left ventricle incision. The postoperative course was uneventful.

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Takotsubo cardiomyopathy has a good prognosis and is associated with a higher prevalence in neurologic or psychiatric disorder [1]. The mechanism of TCM-VSP is unclear, but a case of TCM-VSP on pathological examination showed myocardial necrosis in the ruptured region [2]. Ventricular septal perforation is surgically treated by the infarct exclusion technique [3,4]. Patch repair for TCM-VSP can be a viable treatment, because the ventricular septum of the perforated region is not fragile. TCM-VSP is a rare and critical condition that requires optimal treatment and careful monitoring.

References

1. Kenya S, Ochiai H, Katayama N, Nakamura K, Arataki K, et al. (2005) Ventricular Septal Perforation in a Patients With Takotsubo Cardiomyopathy. *Circ J* 169: 365-367.
2. Kenta I, Tada S, Yamada T (2008) A case of Takotsubo Cardiomyopathy Complicated by Ventricular