CORRESPONDENCE

Takotsubo Syndrome as a Comorbidity, and the Need for a Change in our Mindset

To the Editor:

The case report by Koci and colleagues,¹ about the 63-year-old woman who presented with abdominal pain and had subsequent evidence of pathologic cardiac conditions, should be read and thought about by all hospital clinicians who work in acute medical and surgical care. This case is indeed an instance of takotsubo syndrome as a comorbidity of another illness—surgical abdomen, in this example. We all need to change our mindset and realize that takotsubo syndrome can often present as a morbidity,² in either classic or milder forms.³ Two areas merit particular attention.

First, the authors say that the patient's electrocardiogram (ECG) shows changes from an ECG recorded 2 years earlier.¹ Scrutiny of the tracing of the authors' Figure 1 reveals low-amplitude QRS complexes in all leads except V₂ and V₃. Low-amplitude QRS complex has recently been reported as a diagnostic feature of takotsubo syndrome,⁴ and it is attributed mechanistically to myocardial edema, which is usually detected with use of cardiac magnetic resonance. It would be of interest to ascertain whether transient low-amplitude QRS complexes developed on this occasion in comparison with the patient's previous and subsequent ECGs. Second, the authors refer to "how essential bedside echocardiographic evaluation has become for acute management, especially in the emergency department."¹ One could even go further by suggesting that "focused cardiac ultrasound be implemented."⁵ In this situation, many members of the hospital management team would use hand-held echocardiographic devices—frequently and early in the clinical course⁶—for all patients who have acute medical and surgical illnesses.

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References

1. Koci F, Eltibi R, Hadley M, Kumar D. Necrotic bowel induces takotsubo-like myocardial injury. *Tex Heart Inst J* 2014;41(6):638-40.
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