RESPONSE TO LETTER REGARDING ARTICLE, “STRESS-INDUCED CARDIOMYOPATHY PRESENTING AS SHOCK”

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First of all, we would like to appreciate your deep interest in our case report.¹⁾ Fortunately, we have a previous electrocardiogram (ECG) of the patient before the symptom onset (Fig. 1). And we did check the serial ECGs during the admission.

At initial admission, there were no prominent ST and voltage changes in precordial leads (Fig. 2). Follow-up ECG taken after 3 hours from the first ECG showed slight ST elevations of precordial leads (Fig. 3). The ECG findings seem to be consistent with low QRS voltage criteria of Takotsubo syndrome of the previous report.²⁾ During hospital days 2 (Fig. 4) and 3 (Fig. 5), serial ECGs showed progressive worsening of previous low QRS voltages in all leads. On the 14th day of admission, QRS voltages in precordial limb leads became bigger with

newly developed negative T-waves in leads V3–4 and flat T-wave in V5 (Fig. 6). And the ECG taken on hospital day 67

Fig. 1. An electrocardiogram before hospital admission.

Fig. 2. An electrocardiogram on admission.

Fig. 3. Follow-up electrocardiogram taken after 3 hours from the first electrocardiogram.

Fig. 4. Follow-up electrocardiogram on hospital day 2.

Fig. 5. Follow-up electrocardiogram on hospital day 3.

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Fig. 6. Follow-up electrocardiogram on hospital day 14.

Fig. 7. Follow-up electrocardiogram before discharge.

showed large QRS complexes in all precordial (> 10 mV) and limb (> 5 mV) leads except for a left ventricle lead (Fig. 7).

Unfortunately, we were not able to observe the evidence of myocardial edema during the acute phase because cardiac MRI examination was done at a later stage.

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