

Iatrogenic or Anaphylaxis-Triggered Takotsubo Syndrome?

To the Editor:

I read with interest the letter by Rader et al¹ which was about a 50-year-old woman with a history of multiple allergies to many drugs and fruits who suffered takotsubo syndrome (TTS) after eating fast food. It is conceivable that this episode could be dubbed as “iatrogenic,” considering the frequent occurrence of TTS in patients receiving epinephrine injections,² and the cumulative amount of epinephrine that this patient received, although it is possible that this patient’s TTS could have been due to anaphylaxis, considering that her dyspnea had been manifest before receiving epinephrine injections.¹ Although “the patient complained of nausea and crushing substernal chest pain,”¹ after 7 mg of epinephrine had been administered, even mere dyspnea, without chest pain, has been encountered in patients presenting with TTS. Besides, atypical or mild forms of TTS are variants of this affliction, which need to be considered.³ These 2 presumed TTS-triggering mechanisms (anaphylaxis vs. epinephrine injections) would be fully distinguished in the future with implementation of focused echocardiography at the point of care on first contact with the patients. The patient had 2 similar episodes 3 and 6 months earlier (presumably more benign), and one wonders whether these 2 episodes and the present illness represented recurrence of TTS.⁴ In reference to the negative tryptase in the present episode, and negative tryptase and serum immunoglobulin E–negative testing in the previous 2 episodes of the patient, one wonders whether these could exclude underlying

anaphylaxis, if such assays are conducted only once, shortly after the admission of a patient. The legend of Figure 5 reads, as “apical 2 chamber view on echocardiogram during ventricular relaxation demonstrating apical ballooning consistent with takotsubo cardiomyopathy”¹; however, TTS is manifest only “during ventricular contraction,”¹ as properly stated in the legend of Figure 6. I would greatly appreciate the response of the authors on the above.

John E. Madias, MD, FACC, FAHA^{1,2}

¹Icahn School of Medicine at Mount Sinai
New York, NY

²Division of Cardiology
Elmhurst Hospital Center
Elmhurst, NY

The authors have no conflicts of interest to declare.

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