To the Editor:
I very much enjoyed reading the review article on takotsubo syndrome (TTS) by Sharkey and Maron, published in the August 2014 issue of the Journal, in which they covered comprehensively all the facets of TTS, based on their experience, and the large, daily expanding relevant literature. I would appreciate the response of the authors on 2 issues: (1) regarding their comment “Furthermore, left ventricular (LV) diastolic function is also acutely disturbed, with an upward shift in the LV diastolic pressure-volume curve, resulting in substantially elevated LV end-diastolic pressure (LVEDP) without significant increase in LV end-diastolic volume”; most authors report that the LVEDP is normal, or even low; and (2) regarding their comment “Persistence of mitral valve systolic anterior motion and outflow tract obstruction (with septal hypertrophy) after recovery may indicate coexisting hypertrophic cardiomyopathy (HCM)” one should be careful not to prematurely diagnose HCM, because septal and apical “hypertrophy” may represent persisting myocardial edema, because of TTS.

Disclosures
Conflicts of Interest: None.

References

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