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LETTER TO THE EDITOR

Delayed diastolic recovery and more prevalent psychiatric disorders in Takotsubo cardiomyopathy

Recuperação diastólica tardia e alteração psiquiátrica mais prevalente na miocardiopatia da Takotsubo

To the Editor,

We read with great interest the paper by Menezes et al.[1] entitled ''A rare case of concomitant stress (takotsubo) cardiomyopathy and acute myocardial infarction'' published in the July 2015 issue of the *Journal*. They presented a rare adult case of concomitant stress cardiomyopathy and myocardial infarction. We congratulate the authors for their successful clinical management of the case. If we may, we have a few comments.

Takotsubo cardiomyopathy (TC) or stress cardiomyopathy is characterized by transient left ventricular (LV) wall motion changes, which usually occur after a stressful event, with excellent long-term prognosis despite the fact that TC can very rarely result in fatal arrhythmias or ventricular rupture.[1–5] The diagnosis of TC is currently established according to the Mayo Clinic diagnostic criteria, which consist of (1) typical wall-motion changes; (2) no obstruction or acute plaque rupture of a coronary artery; (3) new ECG changes or mild elevation of cardiac troponin; and (4) no evidence of myocarditis or pheochromocytoma.[1,4]

Ahtarovski et al.[5] described two stages of LV recovery in TC. The first stage involves rapid systolic recovery in 4–6 days with diastolic dysfunction. In the second stage there is delayed but complete diastolic recovery with almost normal LV systolic function. Although LV systolic dysfunction in TC is completely reversible by three months, diastolic impairment requiring treatment in symptomatic patients despite preserved ejection fraction may still be evident.[4,5] Therefore, cardiologists should consider a possible discordance between echocardiographic recovery and the patient's symptoms. We think that it would have been helpful to present the patient's clinical symptoms and status of diastolic function during the clinical follow-up in this case report.

Recently, Daniel et al.[4] have reported that psychiatric disorders were more prevalent in patients with TC and myocardial infarction with normal coronary arteries than in those with myocardial infarction with normal coronary arteries and no TC. Therefore, a patient with TC might be referred to a psychiatrist for evaluation of a possible psychiatric disorder regardless of a recent history of physical or emotional stress.

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