

Author's reply[☆]**Respuesta de los autores**

Dear Editor,

We appreciate both the interest of Dr. Madias in our article¹ and the interesting contributions made. Diabetic patients could have a lesser prevalence of Takotsubo syndrome in relation to secondary autonomic neuropathy and adrenal gland catecholamine hyposecretion.² Our patient was diagnosed with diabetes mellitus approximately four years before her current admission, and her history revealed no secondary complications such as vascular disease or peripheral neuropathy. On the other hand, the lesser voltage or attenuation of the QRS complexes of the ECG-A (Fig. 2 in our article) has a range of possible causes that have been well described in the literature,³ such as myocardial and pulmonary edema, pericardial effusion, pneumomediastinum, hypoalbuminemia, water overload, etc.—all frequently present in the postoperative period of heart surgery. Attenuation of the QRS complexes gradually subsided with resolution of the clinical condition and over the days following surgery, as can be seen in ECG-B, recorded on day 10 of the clinical course.

References

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