



LETTERS TO THE EDITOR

Electrocardiograms in a diabetic patient with takotsubo syndrome after heart surgery for atrial myxoma



Electrocardiogramas en un paciente diabético con síndrome de tako-tsubo tras cirugía cardíaca para mixoma auricular

Dear Editor,

I read, through “Google translate”, the report by García-Delgado et al.,¹ published on line ahead of print, on September 17, 2016 in the *Journal*, about the 68 year-old woman with atrial myxoma, for which she underwent surgery, and who suffered takotsubo syndrome (TTS) in the post-operative period, complicated by cardiogenic shock non-responding to vasoactive drugs, which required veno-arterial extracorporeal membrane oxygenation support. It has been recently reported that patients with TTS have a low prevalence of diabetes mellitus (DM),² but this does not imply that all patients with DM are “protected” from developing TTS. The present patient had noninsulin-dependent DM, and it would be of interest to know whether her DM was of long duration and whether she had DM-induced peripheral neuropathy, to which the “protective” influence on TTS has been attributed.² Also the present patient was admitted with atrial fibrillation, underwent surgery for atrial myxoma, had hypoxemia post-operatively, all factors, which will be expected to “overwhelm” the hypothetical “protective” effect for the emergence of TTS exerted by DM.²

The electrocardiogram (ECG) A of Figure 2 of the article,¹ reveals attenuation of the amplitude of the QRS complexes (attQRS) of ECG A in comparison with the ECG of Figure B, which could be either because of TTS, in keeping with a recent report,³ or due to the postoperative volume overload, both of which cause attQRS. The attQRS in TTS is attributed to the associated myocardial edema,³ and the attQRS in patients with cardiogenic shock or postoperative state is attributed to the low electrical impedance of the

passive body volume conductor, engendered by a high body edematous state.⁴ Accordingly, it will be of interest to compare all the ECGs obtained in this patient from her admission to her discharge.

Conflicts of interest

None.

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