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 Garcia-Delgado et al., 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 extracorporeal membrane oxygenation support. It has been recently reported that patients with TTS have a low prevalence of diabetes mellitus (DM), 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. 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.

The electrocardiogram (ECG) A of Figure 2 of the article, 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, or due to the postoperative volume overload, both of which cause attQRS. The attQRS in TTS is attributed to the associated myocardial edema, 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. 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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References


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