

Reported Cases of Recurrent Takotsubo Cardiomyopathy with Variant Forms of Left Ventricular Dysfunction

To the Editor:

We read with great interest the article by Aggarwal and Krantz,¹ entitled “Migratory takotsubo cardiomyopathy in the setting of cholecystitis.” This was a very interesting case presentation regarding stress-related cardiomyopathy involving variable myocardial segments at different time points.

The author mentioned that this was the first reported case. After careful review, however, we found several reports in the literature of recurrent takotsubo cardiomyopathy with variable patterns of left ventricular dysfunction. In 2007, Blessing et al² reported a 70-year-old man with recurrent takotsubo cardiomyopathy demonstrating basal area akinesis initially and apical ballooning on the second episode. In 2009, Izumo et al³ reported a 78-year-old male with recurrent takotsubo cardiomyopathy. At the first episode, the patient was found to have apical akinesis and basal hyperkinesis while at the second episode; 2 years later, he was found to have mid-ventricular akinesis combined with normal apical wall motion. In 2011, From et al⁴ presented a clinical image of a 65-year-old female with recurrent takotsubo cardiomyopathy manifesting as typical apical ballooning at the first episode and mid-ventricular variant at

the second episode 3 years later. In 2012, Ghadri et al⁵ reported a case of a 65-year-old female with 3 episodes of takotsubo cardiomyopathy involving different myocardial regions.

According to these case reports, it may not be uncommon for recurrent takotsubo cardiomyopathy to involve different myocardial regions with each episode. Unfortunately, the mechanism of this variation is unclear at this time.

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<http://dx.doi.org/10.1016/j.amjmed.2012.12.025>

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Funding: None.

Conflict of Interest: None.

Authorship: All authors had access to the data and had a role in writing the manuscript.