Strokes or Seizures, and Takotsubo Syndrome: A Possibly Underdiagnosed Association

John E. Madias^{a, b}

^aIcahn School of Medicine at Mount Sinai, New York, and ^bDivision of Cardiology, Elmhurst Hospital Center, Elmhurst, N.Y., USA

Dear Sir

Practice of medicine in the future will increasingly depend on multidisciplinary groups of doctors caring for patients. This is currently being witnessed in the management of patients with malignancies by members of the emerging Cardio-oncology discipline. Considering the brain-heart pathophysiological link in Takotsubo syndrome (TTS) [1, 2], the need for a Neurocardiology field seems inevitable. These thoughts are prompted by the very interesting contribution of Blanc et al. [3], published in this journal, about 6 patients who suffered TTS in the setting of acute cerebral events (ACE), 4 following an ischemic stroke (IS) and 2 after epileptic events (EEs). As the authors state that ACE 'may be associated with massive catecholamine release' [3], it would have been contributory to have catecholamine

blood levels in these patients, but this item was not included in the research variables examined in the RICO registry from which the authors derived their database. Of interest is that TTS was triggered by lesions in the insular cortex or posterior fossa [3], brain regions previously associated with brain-triggered injury to the heart [1, 2]. The prevalence of TTS triggered by IS, EE or subarachnoid hemorrhage (SH) must be higher than currently appreciated, considering that a large number of patients with TTS were detected in patients with SE who were prospectively and proactively evaluated with serial sophisticated echocardiography (ECHO) techniques [4, 5], particularly if one subscribes to the notion that TTS could present in atypical and/or milder forms [6]. Based on the above, one won-

ders whether monitoring of patients with ACE (IS, EE and SH) should have routine continuous electrocardiographic monitoring (arrhythmias, repolarization and depolarization abnormalities), an ECHO assessment and testing for a rise of troponins and brain natriuretic peptides, irrespective of their hemodynamic status. Such an undertaking will require not only mere implementation and ordering of the above modalities and diagnostic tests, but close collaboration of neurologists and cardiologists under the auspices of a hybrid field of Neurocardiology.

Disclosure Statement

The author reports no conflicts of interest.

References

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