Glucocorticoids for treating Takotsubo syndrome?

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We have the following comments concerning Venkatraman's article about a 27-year-old African-American male with recovery from Takotsubo syndrome (TTS) during acute disseminated encephalomyelitis (ADEM) under methyl-prednisolone [1].

We do not agree with the diagnosis ADEM. First, the "A" in ADEM stands for "acute", but neurological manifestations were present for at least 3 months [1]. Second, ADEM is usually preceded by acute infectious disease [2], but none is reported [1]. Third, the patient is described with "no significant past medical history", but is obviously polytoxicomaniac (cannabinoids, opiates). Did he inject heroin? Was he HIV positive? Were parasitological infestations (eosinophilia?), multiple sclerosis (visually evoked potentials?), and antiphospholipid antibody syndrome excluded? Fourth, the brainstem lesion was still present after 2 weeks.

Why "atypical" TTS? The patient had the global TTS type, which usually has a poor prognosis [3]. Atypical is that he recovered without cardiac therapy. Was the right ventricle involved?

Overall, this interesting case requires long-term follow-up, exclusion of further differentials, and a thoroughly taken previous history.

Compliance with ethical standards

Conflict of interest There are no conflicts of interest.

References

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