LETTER TO THE EDITORS



Novel ECG-based scoring tool for prediction of takotsubo syndrome

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Sirs:

We thank Dr. Madias for his interest and valuable comments regarding our manuscript [1].

In the current study, we investigated ECG changes in patients with takotsubo syndrome (TS) and acute myocardial infarction (AMI), and established a scoring tool for discriminating TS from AMI. For this purpose, we analyzed ECG obtained in the very early phase after symptom onset.

The authors agree that diminished QRS voltage along with some other described ECG findings are not static and undergo dynamic transition during further course of the illness [2–4]. However, we were particularly interested in the initial ECG recording, since our aim was to analyze the diagnostic utility of ECG in acute setting, and possibly, help to select the appropriate treatment strategy.

As expected, the prevalence of diabetes mellitus (DM) in TS patients in our population cohort was lower (13 resp. 11% for evaluation and validation group) compared with AMI patients. The overall prevalence of DM in the surrounding region of Cologne and Gütersloh is approximately 9.3 resp. 8.95% [5]. No exact epidemiological data for DM prevalence in people at 60–70 years age in both regions could be found. According to the statistical data from German statutory health insurance funds, the DM prevalence in German population is currently 14.5% among the 60–69 years old persons [6]. Hence, we assume that DM prevalence for the

same age group would be similar in both described geographical parts of Germany.

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