

Commentary on “A Case of Acute Cardiomyopathy and Pericarditis Associated with Methylphenidate”; Cardiovasc Toxicol, DOI 10.1007/s12012-009-9033-7

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Thanks for the interesting case report by Dadfarmay et al. [1] entitled: “a case of acute cardiomyopathy and pericarditis associated with methylphenidate.” I appreciate the authors for providing more opportunities for discussion and reminding possible adverse effects of methylphenidate.

The authors reported a 17-year-old boy with ADHD who suffered from symptoms such as chest pain, elevated cardiac biomarkers, and acute left ventricular dysfunction after taking a single dose of methylphenidate. He developed ST elevation in EKG that was normalized with 36 h. Then, the authors mentioned association of cardiomyopathy and pericarditis with methylphenidate. This association was supported by the reports of previous studies [2, 3].

The association needs to be more discussed because of the following issues.

First, the patient’s urinary screening test was positive for marijuana. The possible association of the patient’s findings and marijuana should be reminded [4, 5]. Moreover, is it possible that methylphenidate and marijuana have additive effect and caused the symptoms?

Second, there were two studies mentioned in support of cardiomyopathy and association of methylphenidate. The reference of Tollofsrud [3] was not in English and I could not study it. The second reference, the Nymark et al. [2] reported a patient with body mass index of 40 who has taken quetiapine 900 mg/day for 17 months and methylphenidate was added. However, there is another report for

possible association of cardiomyopathy and methamphetamine use in young patients [6]. So, there is an argument if the cardiomyopathy is just related to methylphenidate.

References

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