



Comment on “Clinical significance of changes in the corrected QT interval in stress-induced cardiomyopathy”

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I read with a lot of interest the contribution of Lee et al. [1] published on line ahead of print in the *Korean Journal of Internal Medicine* on April 7, 2016, about the electrocardiograms (ECGs) in 128 patients with a Takotsubo syndrome (TTS), based on serial ECG tracings. The authors divided their patients in two subgroups, one with, and the other without, recovery from corrected QT interval (QTc) prolongation at the time point of the recovery phase ECG, and observed that the latter patients had higher in-hospital mortality and requirement for critical care. A significant waxing and waning was noted in the heart rate, and frequency of ST-segment elevations, ST-segment depressions, and T-wave inversions when comparisons among three sets of ECG leads (baseline before TTS, during the diagnosis of TTS, and at recovery phase) were carried out [1]. What attracted me to this paper [1] particularly was the availability of ECGs prior to the inception of TTS in 113 patients (88.3%), something rarely available in the bulk of the literature on TTS. It has been previously reported that a transient attenuation of the QRS complexes (attQRS) is noted in patients with TTS [2,3], attributed to myocardial edema, as assessed by cardiac magnetic

resonance imaging. The present communication [1] provides a marvelous opportunity to confirm or refute, using the three sets of ECGs from the 113 patients, whether transient attQRS is encountered in patients with TTS, an issue that has the potential of being of diagnostic value, early in the course of clinical presentation.

Conflict of interest

No potential conflict of interest relevant to this article was reported.

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