



Letter to the Editor

A systematic cardiological screening for seizure-triggered Takotsubo is really useful?



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Dear Editor,

We carefully read the article of Stöllberger et al. recently published on this Journal [1], appreciating their contribution towards understanding the existing link between epileptic seizures and Takotsubo syndrome (TTS).

In their article, the Authors sustain that an ECG should be recorded, troponin levels should be measured and hemodynamic and electrical condition should be monitored after epileptic seizures.

However, according to literature data mentioned by the Authors themselves, seizure-triggered TTS is a rare event occurring in less than 2% of patients with epilepsy [2,3], having a mortality of 3% [4]. Thus, ultimately, seizure-triggered TTS is cause of death in about 0,05% of total epileptic population.

Additionally, the Authors assert that negative T-waves might indicate seizure-induced TTS, however also in their population this electrocardiographic marker had a low sensitivity - evidence of this is that it was detected in only 40% of cases. It is well-known in literature that it is possible to detect T-wave inversion in general healthy population (young adults, females or athletes [5,6] or in different pathological states [5,7], consequently showing also low specificity.

Finally, we agree with the Authors on the chance of overlooking seizure-induced TTS because of lack of typical symptoms. We also believe, considering recent findings [8], that a cardiological systematic screening for TTS in patients with epilepsy is futile, until there is more consistent literature data. In fact, it can even involve performing redundant tests and potentially harmful.

Conflict of interest

There are no conflicts of interest.

Authors' contribution

All authors contributed equally

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