



Letter to the editor

Recurrent seizure-triggered Takotsubo associated with hypokalemia and hypomagnesemia



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With interest we read the article by Binaghi et al. about a 67yo female who developed Takotsubo syndrome (TTS) triggered by convulsive and non-convulsive seizures [1]. We have the following comment and concerns.

Since the index case presented with seizures, atrial fibrillation, arterial hypertension, and hyperlipidemia, and symmetric T2-hyperintense lesions of the white matter, a mitochondrial disorder (MID) can be suspected. Thus, we should know if there were additional features, typical for a MID. Typical phenotypic features of MID are basal ganglia calcification, stroke-like lesions, short stature, ptosis, double vision, ophthalmoparesis, pigmentary retinopathy, optic atrophy, hypoacusis, hypothyroidism, diabetes, myocardial thickening, non-compaction, vomiting, gastro-intestinal pseudoobstruction, aseptic pancreatitis, renal insufficiency, anaemia, myopathy, neuropathy, or osteoporosis [2]. Symmetric white matter or grey matter lesions particularly of the basal ganglia, the brainstem, and the cerebellum, are a hallmark of Leigh syndrome [3].

Overall, this interesting case could be more meaningful if a MID would have been considered and discussed as a differential diagnosis in this patient. Additionally, the case report would profit from reporting the individual and family history of epilepsy and from provision of more laboratory data. Since the pathogenesis of TTS is still under debate, reports about TTS patients should include a detailed description of possible triggers and the possible pathomechanisms of this cardiac enigma.

Conflict of interest

There are no conflicts of interest

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Author contribution

JF: design, literature search, discussion, first draft, SZ-M: literature search, discussion, critical comments.

References

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