



## Reply

## Recurrent seizure-triggered Takotsubo: A suggestive differential diagnosis



We appreciated the Letter to the Editor by Professor Finsterer concerning our case report previously published in this Journal [1,2].

In his letter, Professor Finsterer proposes a mitochondrial disorder as a possible cause for the scenario presented by our patient. However, the patient, a 67-year-old woman, did have any other clinical signs supporting this suggested diagnosis (e.g. short stature, ptosis, double vision, ophthalmoparesis, pigmentary retinopathy, optic atrophy, hypacusis, hypothyroidism, diabetes, myocardial thickening, non-compactation, vomiting, gastro-intestinal pseudoobstruction, aseptic pancreatitis, renal insufficiency, anaemia, myopathy, neuropathy, or osteoporosis). Furthermore the patient's radiological findings did not support it: there were no basal ganglia calcifications on CT images, and on MRI scan the hippocampal lesions were asymmetrical, although we detected symmetric periventricular white matter hyperintensities (sparing the basal ganglia) there were no stroke-like lesions. Finally, cardiac MRI revealed no gadolinium delayed enhancement, no oedema and normal morphological findings.

Moreover, she did not have a family history of epilepsy or conditions potentially related to mitochondrial cytopathy.

Having said that, we agree with Professor Finsterer's assertion that the pathogenesis of Takotsubo syndrome is still under debate and hope that careful study and analysis of particular cases such as our can add elements which will ultimately lead to a better understanding of this condition.

## Conflict of interest

There are no conflicts of interest.

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## References

- [1] Finsterer J. Recurrent seizure-triggered Takotsubo associated with hypokalemia and hypomagnesemia. *Seizure: Eur. J. Epilepsy* 2018. <https://doi.org/10.1016/j.seizure.2018.12.001>.
- [2] Binaghi G, Congia D, Cossa S, Ganga R, Giardina G, Matta G, et al. Seizures and recurrence of Takotsubo syndrome: one clinical presentation and trigger, but two different anatomical variants in the same patient. A case to meditate on. *Seizure: Eur. J. Epilepsy* 2018;63:37–9.

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