Author's reply: Takotsubo cardiomyopathy associated with perimyocarditis: yet another important differential diagnosis to entertain

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Dear Sir,

I would like to thank Chhabra and Chaubey[1] for their astute comments on our article. They pointed out Spodick's sign, which comprises PR segment depression and downsloping TP segments, as a diagnostic electrocardiographic marker to help distinguish acute pericarditis from acute coronary syndrome.[2] This is very important, as pericarditis accounts for 5% of emergency department visits for chest pain without myocardial infarction,[3] and recognising such subtle electrocardiographic features may enable prompt treatment of acute pericarditis. Our patient's electrocardiogram showed Spodick's sign following a one-day prodrome of febrile illness, which is in contrast to that of another case report, where Spodick's sign appeared a little after the onset of acute pericarditis.[4] The cause for discrepancy in the time of onset is unclear.

Chhabra and Chaubey also raised important differential diagnoses of variant-form (regional) takotsubo cardiomyopathy and coronary vasospasm. Both differentials may demonstrate electrocardiographic findings of ST elevation and regional wall motion abnormalities on echocardiography. Our patient's clinical condition improved following hospital discharge and she was not keen on further cardiac imaging. We agree that cardiac magnetic resonance imaging would be particularly useful for our patient.

Yours sincerely,

Phong Teck Lee[1]

[1]Department of Cardiology, National Heart Centre Singapore, Singapore. phongteck.lee@mohh.com.sg

References

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