

Takotsubo Cardiomyopathy with Meperidine

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I read with interest the article by Sacco et al entitled "Tako-Tsubo like Syndrome Triggered by Meperidine" on anaphylaxis probably causing takotsubo syndrome¹. Takotsubo cardiomyopathy is also called stress induced cardiomyopathy or the broken heart syndrome. It is most commonly triggered by emotional stress causing transient apical and/or apical left ventricular systolic dysfunction in the absence of significant obstructive coronary artery disease.

Meperidine is a synthetic opiod used for pain relief and also for some sedative effect for colonoscopy procedure. The symptoms described by the authors didn't fulfill the criteria for anaphylaxis². At best the symptoms could be anaphylaxis-like or anaphylactoid-like. The side effect of meperidine are vasodilation and hypotension. Could it be possible the hypotensive episode caused the transient hypoperfusion of the coronary arteries and regional cardiac wall motion abnormality and prompt fluid resuscitation reversed the situation?

The authors also alluded to the normal finding in cardiac magnetic resonance (CMR) in this patient with Takotsubo syndrome. Recent studies indicate there could be late gadolinium enhancement (LGE) and myocardial edema changes in patients with Takotsubo cardiomyopathy^{3,4}. It was not clear the time course of the CMR done in relation to the clinical episode as CMR may not demonstrate any changes after the recovery phase.

REFERENCES

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The authors have no reply

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