

Leserbrief

Tako-Tsubo and Pheochromocytoma

Drs Klinzing and colleagues (SMF 2014, 14, 205–207) are to be commended on their interesting report of a patient with Tako-Tsubo-like cardiomyopathy (TTC) who surprisingly turned out to have a massive pheochromocytoma [1]. I would like to point out that although this entity is rare, we recently assembled 38 cases from the literature [2]. As in the present case, complication rates were significantly higher in TTC pheo compared with primary TTC particularly cardiogenic shock and heart failure. According to the Mayo Clinic Criteria [3], TTC pheo should not really be considered as TTC. Obviously this remains a question of semantics.

Franz Messerli

Korrespondenz:

Prof. Dr. med. h.c. Franz Messerli
New York, USA
[messerli.f\[at\]gmail.com](mailto:messerli.f[at]gmail.com)

Literatur

- 1 Agarwal V, Kant G, Hans N, Messerli FH. Takotsubo-like cardiomyopathy in pheochromocytoma. *Int J Cardiol.* 2011 Dec 15;153(3):241–8.
- 2 Prasad A, Lerman A, Rihal CS (2008) Apical ballooning syndrome (Tako-Tsubo or stress cardiomyopathy): a mimic of acute myocardial infarction. *Am Heart J* 155:408–417
- 3 Madhavan M, Prasad A Proposed Mayo Clinic criteria for the diagnosis of Tako-Tsubo cardiomyopathy and long-term prognosis *Herz.* 2010 Jun;35(4):240–3.