

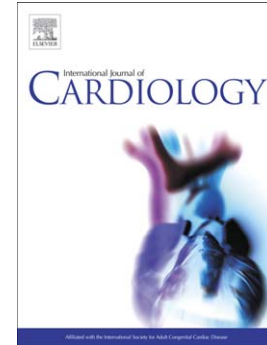
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Reply to “Regarding the article of Ceccacci et al. (2016;223: 54–55) entitled “Role of MIBG scintigraphy in reverse Tako-tsubo cardiomyopathy: Confirming a pathophysiologic hypothesis”

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Reply to “Regarding the article of Ceccacci et al. (2016;223: 54–55) entitled “Role of MIBG scintigraphy in reverse Tako-tsubo cardiomyopathy: Confirming a pathophysiologic hypothesis”

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We agree with Nicolas Mansencal et al. and we really thanks for their comments. For brevity, we did not report some details of the described clinical case (1). The diagnosis of Takotsubo cardiomyopathy was performed according to Mayo Clinic criteria (2):

- 1) at the discharge ventricular cardiac function was improved (EF 45%) with a complete left ventricular function recovery with normal wall motion score index;
- 2) Coronary angiography, performed in the acute setting (2 h after symptoms onset), showed normal coronary arteries;
- 3) Electrocardiogram (EKG) showed an ST-segment depression in anterior-lateral leads;
- 4) clinical history, cardiac magnetic resonance and the 123-I-metaiodobenzylguanidine scintigraphy (MIBG) excluded the diagnosis of myocarditis and pheochromocytoma.

The 123-I-metaiodobenzylguanidine scintigraphy and CMR were performed respectively after five and seven days from the index event. In conclusion, according to Christensen et al. the use MIBG scintigraphy confirmed the central role of adrenergic hyperactivity in the pathophysiology of Takotsubo cardiomyopathy.

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