5-Flourouracil Cardio - toxicity Revisited

Sir,

This is in response to case report II entitled “5-FU cardio toxicity revisited” by Rajeshwar Singh et al published in the December 2004 issue of IJMO. Since the manuscript is restricted to the case review only, such a data does not give a panoramic view of cardiac toxicity related to 5-FU.

5-FU cardiotoxicity is an established adverse effect based on its genuine reproducibility. The incidence ranges from 1-46% manifesting both as mechanical and electrical disturbances. The manuscript under discussion refers to 5 FU related left ventricular dysfunction, however, does not reveal an important facet of 5-FU cardiac toxicity, namely cardiac arrhythmias, which is predominantly seen in our patient cohorts. We have encountered almost all the varieties and even rare arrhythmias like atrial fibrillation, bradyarrhythmias etc. Further, we tried to hypothesize 5-FU induced autonomic dysfunction (vagotonic state) to account for bradyarrhythmias in particular. There is an urgent need to conduct a multicentric study in India to assess in regional variations in the profile and pattern of clinical 5 FU – cardiotoxicity stressing the occurrence of both arrhythmias and systolic dysfunction.

We are currently conducting a study wherein we are trying to resuscitate the hypothesis that transient left ventricular systolic dysfunction seen after 5 FU – use may be actually a recently described entity named Tako-Tsubo transient LV apical ballooning (unpublished). At the end, we would also like to authors of the manuscript under discussion to comment upon the type of left anterior descending artery (LAD) seen in their coronary angiography.

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REFERENCES: