

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 IJMPO¹. 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, brady arrhythmias etc^{2,3}. 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seen after 5 FU – use may be actually a recently described entity named Tako-Tsubo transient LV apical ballooning⁴ (unpublished).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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