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Reply to the Letter to the Editor: "Comment on 'Delayed-Onset Type 1 Kounis Syndrome Caused Ventricular Fibrillation: A Case Report'"

LETTER TO THE EDITOR
REPLY

To the Editor,

Carry out the following discussion and reply:

1. In this case,[1] aspirin 300 mg and clopidogrel 300 mg were given before angiography despite normal cardiac biomarkers. The 2023 European Society of Cardiology guidelines advise against pretreatment with $P2Y_{12}$ inhibitors when an early invasive strategy is planned, recommending loading only after coronary anatomy is known.

Re: It is reasonable to administer oral loading doses of aspirin and clopidogrel during the initial hospitalization of the patient when the coronary artery anatomy is unclear, especially when frequent chest pain occurs and thrombus formation cannot be ruled out, even in cases where allergy induction is also unclear.

2. A further issue is the unreported QTc interval. Fluoroquinolones, including levofloxacin, can prolong repolarization and provoke torsades de pointes or VF, especially with ischemia or electrolyte imbalance. The electrocardiogram in this case suggests a QTc near 480 ms, yet QT or electrolyte data were absent. Levofloxacin-induced QT prolongation could thus have contributed to arrhythmogenesis. Serial QTc and electrolyte monitoring would help determine whether the arrhythmia was resulted from vasospasm, repolarization delay, or both.

Re: The patient's electrocardiogram is not typical torsades de pointes. Upon admission, the blood potassium level was normal. The QT interval on the ECG was 480 ms, which was prolonged, and this may be related to levofloxacin. Our deficiency was that we did not follow up to check if the QT interval shortened after the patient stopped taking the medication.

3. **Re:** We inferred that the patient's acute myocardial infarction was caused by coronary spasm based on three aspects: negative coronary angiography, typical electrocardiogram of acute ST-segment elevation myocardial infarction, and elevated troponin. The evidence is sufficient; however, due to the limitations of our hospital's conditions, the ergonovine provocation test was not performed. Regarding treatment, we have been administering anti-allergic reaction medications to the patient since admission.

Finally, sincerely thank you for your comments[2] and attention.

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REFERENCES

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