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Authors' Response

Sir.

As specified in your letter, there has been an increase in awareness and recognition of the Takotsubo cardiomyopathy by some specialists such as cardiologists. However, this disease remains unknown by forensic specialists while victims are often faced with violent and stressful circumstances such as an assault or an accident.

Fatal outcomes involving cardiac arrhythmias, free wall rupture of the left ventricle, and thromboembolism occur during the acute phase of the disease. Moreover, recent studies were conducted on predictors of outcome, and some suggested that this short-term prognosis is not as favorable as generally considered (1, 2). Despite these observations, Takotsubo cardiomyopathy is a reversible cardiomyopathy. The long-term prognosis is still considered favorable, and mortality is estimated to 1.1% (3). This data could contribute to the unawareness of Takotsubo cardiomyopathy by the forensic specialists, who mostly investigate dead people.

In France, the public prosecutor orders a medico-legal assessment after an assault for all living victims to describe the injuries, establish a causal relation between the assault and the injury sustained, and determine the duration of disablement. The diagnostic of Takotsubo cardiomyopathy described in a clinical

forensic unit is an illustration of the possible collaboration of forensic specialists with other specialists such as radiologists or cardiologists for the medico-legal assessment of the living victims.

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