**Editorial Comment:**

Accept pending the following concern:

The pathophysiological role of adrenergic system in Takotsubo cardiomyopathy and the potential role of the cardio-adrenal axis should be extensively discussed, quoting the following papers:

- L41Q polymorphism of the G protein coupled receptor kinase 5 is associated with left ventricular apical ballooning syndrome.

**Author Feedback:**

Our article already has extensive discussion of the pathophysiological role of the adrenergic system in Takotsubo cardiomyopathy under the heading “pathogenesis” with most relevant articles on this topic referenced.

The editorial suggestion of reference “-L41Q polymorphism of the G protein coupled receptor kinase 5 is associated with left ventricular apical ballooning syndrome.
Spinelli L, Trimarco V, Di Marino S, Marino M, Iaccarino G, Trimarco B. Eur J Heart Fail. 2010 Jan;12(1):13-6” though relevant has been rejected by the much detailed subsequent publication by Figtree et al in:

So therefore we do not believe this discussion should be included in the current article.

The editorial suggestions of the other two articles (-Hypertension. 2014 Feb;63(2):215-6.
-High Blood Press Cardiovasc Prev. 2013 Mar;20(1):5-12) have no relevance to Takotsubo cardiomyopathy hence we believe that there is no indication for inclusion in our article.