



## RE: NOCTURNAL DIAPHORESIS AND CORONARY ARTERY SPASM

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I read with interest the article by Becker and associates.<sup>1</sup> The role of the autonomic nervous system—first the sympathetic and then the parasympathetic division—in coronary artery spasm has received increasing attention in recent years.<sup>2</sup> Now a new feature, nocturnal diaphoresis, has been added to the clinical manifestations of Prinzmetal's variant angina. Although the authors put forth a strong argument for a parasympathetic-mediated mechanism for coronary artery spasm in their patient, Dr. Becker and associates admitted that "a cause-effect relationship is far from established."<sup>3</sup>

Somewhat puzzling is the observation that their patient with coronary artery spasm continued to have episodes of nocturnal diaphoresis without ECG changes. Just as in patients with Prinzmetal's variant angina who may have typical ECG changes of coronary artery spasm with or without chest pain,<sup>4</sup> one may encounter patients with coronary artery spasm with or without night sweats.

I wish again to caution against the routine use of atropine as a premedication in patients undergoing coronary arteriography, as it may mask either suspected or unsuspected coronary artery spasm.<sup>5</sup>

### REFERENCES

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2. Cheng TO, Yasue H. Coronary artery spasm. [In] Cheng TO. *International Textbook of Cardiology*. New York, Pergamon Press, 1987, pp 621-637.
3. Becker RC, Alpert JS. Variant angina pectoris: is the parasympathetic nervous system at fault? *Chest* 1987; **92**:963-965.
4. Cheng TO, Bashour T, Kelsner GA Jr, Weiss L, Bacos J. Variant angina of Prinzmetal with normal coronary arteriograms: a variant of the variant. *Circulation* 1973; **47**:476-485.

5. Cheng TO. Against routine use of atropine during coronary arteriography (letter). *Cathet Cardiovasc Diagn* 1981; **7**:459.

## RE: PROSTHETIC BALL FREE IN THE LEFT VENTRICLE IN A PATIENT WITH AN AORTIC STARR-EDWARDS PROSTHESIS

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I enjoyed the article by Schrader et al.<sup>1</sup> They erroneously point out, however, that no similar case had been previously described in the literature. Drs. Criswell, Schuchmann, and I published a similar case from the University of Tennessee Medical Center in Knoxville, which Dr. Schrader and his colleagues may wish to review.<sup>2</sup>

### REFERENCES

1. Schrader DD, Sellanes MA, Kelijman Laschover N, et al. Prosthetic ball free in the left ventricle in a patient with an aortic Starr-Edwards prosthesis. *Cleve Clin J Med* 1988; **55**:175-177.
2. Criswell CB, Schuchmann GF, Acker JJ. Strut fracture of a Starr-Edwards mitral valve prosthesis. *Am J Cardiol* 1987; **60**:916-917.

### REPLY

Dr. Acker's brief report in the *American Journal of Cardiology* is a case similar to ours, except that our patient was nearly asymptomatic. (His only symptom was palpitations.) Although this article was published before ours, our paper was submitted in December 1986.

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