

Echogenicity and echocardiographic guidance

To the Editor,

We have read with great interest the article entitled "Transcatheter device closure of atrial septal defects guided completely by transthoracic echocardiography: A single cardiac center experience with 152 cases" published in *Anatol J Cardiol* 2018; 20: 330-5 by Chen et al. (1). In their study, they reported that lone echocardiographic guidance with transcatheter device closure of atrial septal defects is safe and effective as fluoroscopic and echocardiographic guidance together. I have made the following comments and concerns.

When we compare the groups, the ages ranged from 3 to 75 years for group I and from 4 to 60 years for group II. Echogenicity is the major concern in both echocardiographic assessment and guidance especially in the older patient population. We wonder if the researchers randomly assigned the patients into the groups, or if there was a selection bias driven by mostly echocardiographic echogenicity. Although in the Methods section they mentioned that obese patients were excluded due to the vague transthoracic echocardiography acoustic window, they did not report this issue in the selected population. Therefore, the authors should address the above-mentioned concern in their paper. In conclusion, good echogenicity makes sole echocardiographic guidance a good alternative to both fluoroscopic and echocardiographic guidance, especially in the younger patient population. However, before the planned procedure, the operator should define the best candidate for this option.

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Reference

1. Chen Q, Cao H, Zhang GC, Chen LW, Lu H, Yu LL. Transcatheter device closure of atrial septal defects guided completely by transthoracic echocardiography: A single cardiac center experience with 152 cases. *Anatol J Cardiol* 2018; 20: 330-5.

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