

## Plagiarism and duplication / Two situations, which are difficult to differentiate from each other: plagiarism and duplication

*Aşırma ve duplikasyon / Birbirinden ayrılması zor iki durum: Aşırma ve Duplikasyon*

Dear Editors,

The recent publication on plagiarism and duplication is really useful and interesting. Kırış described for the difficulty in differentiation between the two scenarios (1). Indeed, any of the two scenarios are not acceptable in scientific publication. However, the important concept in judging of these problems should be based on the intention of the accused plagiarist. Sometimes, the problems might be due to some acceptable causes such as the accidental errors by the publisher. Not only the journal but also the reader can help identify and control of present widespread of plagiarism and duplication.

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### References

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### Author's Reply

Dear Editor,

I would like to thank authors of the letter for their suggestions on my short review about plagiarism and duplication. We generally prefer to present our ethic cases and try to give short information and accepted ethic rules related with these cases. We are really glad to hear that Publication Ethics corner of the Anatolian Journal Cardiology is useful.

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## Maternal cardiovascular hemodynamics in a patient with mitral prosthetic heart valve evaluated with impedance cardiography and echocardiography

*Mitral protez kalp kapağı olan bir hastada maternal kardiyovasküler hemodinaminin impedans kardiyografi ve ekokardiyografi ile değerlendirilmesi*

Many prosthetic valves are yearly implanted in young women with rheumatic or congenital heart disease. Increased hemodynamic burden due to physiological circulatory changes, increased incidence of thromboembolic events, untoward effects caused by cardiovascular drugs and anticoagulation are major risks associated with pregnancy in a woman with mechanical prosthetic valve (1).

Although hemodynamic changes during pregnancy are studied in detail (2), we do not know the hemodynamic changes in pregnancy complicated with prosthetic heart valve. Therefore, we investigated a 31-years-old woman with mitral mechanical valve prosthesis who demanded to get pregnant. The echocardiogram performed at hospital admission revealed functional prosthetic mechanical valve at mitral position with a diastolic gradient of 9/6 mmHg. We discussed the anticoagulation regimen with the patient and started enoxaparin sodium as soon as pregnancy was achieved. Echocardiography and impedance cardiography were performed during the first, second and third trimester. Stroke volume (SV), stroke index (SI), cardiac index (CI), cardiac output (CO), index of contractility (IC) and total peripheral resistance (TPR) were measured by impedance cardiography (3). While heart rate and TPR were increased in 2<sup>nd</sup> and 3<sup>rd</sup> trimester, there was a decrease in SV, SI, CO, CI and IC (Table 1). With echocardiographic evaluation, we observed a slight increase in mitral diastolic gradients, peak systolic pulmonary arterial pressure and left atrial diameter (Table 1). While NYHA class of patient was I in the first trimester, functional class had continued to worsen until the 3<sup>rd</sup> trimester (class II-III) and low dose diuretic therapy was added to medical therapy. Possibility of thrombotic

**Table 1. Echocardiographic parameters and hemodynamic parameters by impedance cardiography**

Variables	1 <sup>st</sup> trimester	2 <sup>nd</sup> trimester	3 <sup>rd</sup> trimester
Peak mitral gradient, mmHg	10	16	16
Peak systolic PAP, mmHg	25	30	33
Left atrium, cm	4.4	4.6	5.0
EF, %	70	70	68
HR, beats/min	62	73	75
CI, L/min/m <sup>2</sup>	3.58	3.00	2.46
CO, L/min	5.75	4.93	4.35
SV, ml/beat	92.19	67.36	57.95
SI, ml/beat/m <sup>2</sup>	57.26	41.07	32.74
TPR, dynes.sec.cm <sup>-5</sup>	1159.03	1305.90	1538.09
IC	0.072	0.072	0.058

CI - cardiac index, CO - cardiac output, EF - ejection fraction, HR - heart rate, IC - an index of myocardial contractility, MAP - mean arterial pressure, PAP - pulmonary arterial pressure, SI - stroke index, SV - stroke volume, TPR - total peripheral resistance