The risk of developing AF after cardiac surgery

Kalp cerrahisi sonrası AF gelişme riski

We would like to congratulate the authors for their original and interesting study (1). Numerous different markers have been demonstrated for AF development in many studies conducted about atrial fibrillation (AF) which is the most common arrhythmia after cardiac surgery (2). Interestingly, there is no consensus on some of (a considerable number of) these markers. For example, in this study by Çetin et al. (1), female gender was reported as a risk factor for AF; while in some other studies male gender is stated as a risk factor (2). Other relevant examples to give are cardiopulmonary bypass time and cross-clamp time. While Çetin et al. (1) did not show these parameters as risk factors, these operative data were stated as very strong risk factors in many other studies (2). We would like to state that we wonder the views of the authors about the causes of the differences in these similar parameters.

The main theme of this article, effect of the preoperative electrocardiographic (ECG) data on postoperative AF development is a really original subject. In few studies on this subject, generally P wave amplitude and PR interval on ECG were studied (3-5). In one of these studies, preoperative P wave to be longer than 110 msec was stated to be a risk factor for AF development (4), while in another study PR interval to be longer than 120 msec and P wave than 110 msec were reported to be risk factors (5). In contrast, there are several studies indicating that negative P wave is also a risk factor (3). In this context, we think that any ECG data available out of the fragmented QRS complexes will add value to the study if specified.

Orhan Gökalp, Gökhan İlhan, Ali Gürbüz
Department of Cardiovascular Surgery, Faculty of Medicine, Katip Celebi University, İzmir-Turkey

References


Address for Correspondence/Yazışma Adresi: Orhan Gökalp
Altınvadi Cad. No:85 D:10 35320 Narlıdere, İzmir-Türkiye
Phone: +90 505 216 88 13
E-mail: gokalporhan@yahoo.com
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Coronary collateral development might be impaired by decreases in glomerular filtration rate

Koroner kollarlı gelişimi glomerüler filtrasyon hızındaki azalmadan etkilenebilir

We have greatly enjoyed reading the article by Zorkun et al. (1) entitled “Determinants of coronary collateral circulation in patients with coronary artery disease”. In that well-designed study, the authors aimed to define the demographic and baseline determinants of coronary collateral development (CCD), and found that male gender, prior statin usage, and elevated levels of high-sensitive C-reactive protein (hs-CRP) are associated with development of coronary collateral. They...