

Editöre Mektup**Letter to the Editor*****The influence of left ventricular diameter on left atrial appendage size and thrombus formation in patients with dilated cardiomyopathy.***

Dear Editor,

We would like to present our assessment on the article “*The influence of left ventricular diameter on left atrial appendage size and thrombus formation in patients with dilated cardiomyopathy*” published in the Archives of the Turkish Society of Cardiology.^[1]

In this study, intra- and inter-observer variability analysis was not reported, so the results are questionable. In contradistinction to several previous well-designed studies, this study did not find a significant correlation between (i) left atrium (LA) size and left ventricular (LV) size, (ii) atrial fibrillation (AF) and LA size, (iii) AF and left atrial appendage (LAA) size, (iv) AF and LAA filling and emptying velocities, (v) LV systolic dysfunction and LAA filling and emptying velocities.^[2]

In a previous study, we found a significant correlation between LAA functions and both LV diastolic dysfunction and LV systolic dysfunction.^[3]

In their study, many factors that might influence LAA functions and thrombus formation (such as mitral insufficiency, heart rate, medications, previous myocardial infarction) were not taken into consideration.^[4] Left atrial appendage function was not reported while assessing LAA functions. The authors noted that they had adjusted the gain setting to eliminate white noise artifact. Nevertheless, with adjusting the gain setting, it may be possible to define low-density spontaneous echo contrast (SEC), so grading of SEC in these kind of studies would be more appropriate.

We suggest that such studies should take these particular points into account.

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1. Bakalli A, Kamberi L, Pllana E, Zahiti B, Dragusha G, Brovina A. The influence of left ventricular diameter on left atrial appendage size and thrombus formation in patients with dilated cardiomyopathy. *Türk Kardiyol Dern Arş* 2010;38:90-4.
2. Fatkin D, Kelly RP, Feneley MP. Relations between left atrial appendage blood flow velocity, spontaneous echocardiographic contrast and thromboembolic risk in vivo. *J Am Coll Cardiol* 1994;23:961-9.
3. Uçar Ö, Çiçekçioğlu H, Demirçelik MB, Diker E, Ulusoy V, Aydoğdu S. Sol ventrikül sistolik fonksiyonları normal olan non-valvüler atrial fibrilasyonlu hastalarda diyastolik disfonksiyon varlığı ile sol atrial apendiks ejeksiyon fraksiyonu ve velositeleri arasındaki ilişki. In: 22. Ulusal Kardiyoloji Kongresi; 24-28 Kasım 2006; Antalya, Türkiye. Sözlü bildiri. Erişim: <http://www.tkd.org.tr/SunuMerkezi>.
4. Agmon Y, Khandheria BK, Meissner I, Schwartz GL, Petterson TM, O’Fallon WM, et al. Left atrial appendage flow velocities in subjects with normal left ventricular function. *Am J Cardiol* 2000;86:769-73.

The authors’ reply

Dear Editor,

We would like to reply to the comments of Örnek et al. regarding our manuscript.

In our study, we did not correlate the variables; rather, we formed two groups of patients (one with increased left ventricular size and the other with normal left ventricle size) and compared them statistically. Patients with dilated left ventricle and atrial fibrillation (AF) formed the first subgroup, while the ones with normal left ventricle size and AF formed the second subgroup.

In the introduction, we acknowledged the well-known correlation between the left ventricular size and left atrial size.^[1] In Table 2, where the two subgroups (patients with AF) were analyzed, a statistical significance was found between the first and second subgroups with regard to maximal areas of the left atrial appendage (LAA). On the other hand, there was no statistical significance regarding left atrial size, emptying and filling velocities, although the values for left atrial size in both subgroups (patients with AF) mea-

sured by both transthoracic echocardiography (TTE) and transesophageal echocardiography (TEE) were greater than the normal cut-off values (46.1 ± 6.7 vs. 45.5 ± 7.2 mm by TTE, and 53.9 ± 6.6 vs. 53.6 ± 6.7 mm by TEE). Furthermore, the figures of left atrial size of the subgroups (patients with AF) were greater than those of the belonging groups (compare Table 1 and Table 2), and the values of emptying and filling velocities of the LAA were lower than those of the main groups (compare Table 1 to Table 2).

The relationship between left ventricular systolic and diastolic dysfunction and LAA features were beyond the scope of our study; however, as cited by Örnek et al. these issues were addressed earlier by several authors.

We stated that none of our patients were taking oral anticoagulation therapy prior to this study. We agree

that, in a future study, LAA ejection fraction and SEC grading should also be taken into account.

On behalf of the authors,

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1. Dittrich HC, Pearce LA, Asinger RW, McBride R, Webel R, Zabalgoitia M, et al. Left atrial diameter in nonvalvular atrial fibrillation: An echocardiographic study. Stroke Prevention in Atrial Fibrillation Investigators. Am Heart J 1999;137:494-9.

Düzelme

Erratum

**Türk Kardiyoloji Derneği Arşivi,
Cilt 38, Sayı 8, s. 544-550**

Türk Kardiyoloji Derneği Arşivi, Cilt 38, 8. sayısında yayımlanan, **Ö. Yiğiner ve ark.**na ait "**Tip 2 diyabetiklerde ve ikincil koruma hastalarında statin kullanımına uyum ve LDL-kolesterol hedefine ulaşma düzeyleri: Eğitim ve bilgi düzeyinin rolü**" başlıklı yazının 4. sayfasında (s. 547) sağ sütunda yer alan tablo yanlışlıkla "**Tablo 2**" şeklinde basılmıştır. Doğrusu "**Tablo 3**" olacaktır. Meydana gelen hata nedeniyle yazar ve okurlardan özür dileriz.