

## The experience with the Epiclose®-T vascular access closure device: a human study

*Epiclose®-T vasküler giriş kapatma cihazı ile tecrübemiz: Bir insan çalışması*

Dear Editor,

Arterial access complications such as pseudoaneurysm and retroperitoneal bleeding are still major problems especially for centers where large number of catheterizations are performed per day (1). For this reason, I have read the paper entitled "The experience with the Epiclose®-T vascular access closure device: a human study" by Kurşaklıoğlu et al. with great interest (2). But, there are some points that should be addressed.

As stated by authors, the most important advantage of this device is providing natural coagulation by means of directly compression over the puncture site and absence of artificial material behind. Because the other current devices, which leave artificial material behind, can lead to several complications such as femoral artery stenosis or groin infection (3). But, operation time is prolonged because of hemostasis is achieved by direct compression and the patient is mobilized and discharged from hospital too late. Their experiences show that mobilization and discharging from hospital time using Epiclose®-T vascular device was similar to those group with manual compression.

The second important subject is that the device is effective in a patient with high body mass index. First of all, this situation is contradictory with our experiences. Because arterial access complications are seen more often in obese patients (4). The author explained this contradictory situation "hemostasis balloon practice more pressure at the arterial access region by the thick soft tissue". If this opinion is true, the device is more useful in obese patients than the other method.

In the pseudoaneurysm operations, we have seen that arterial puncture site is on anterior, lateral sided or sometimes close to posterior wall of the artery. In this situation Epiclose®-T vascular access hemostasis balloon may apply a pressure over the venous system and may cause complications.

During the hemostasis balloon inflation time, they could examine the venous circulation with Doppler USG. Vascular access complication causes many problems and such complications as retroperitoneal bleeding can be lethal. Because of that, the studies which prevent vascular access complication are very important and I would like to congratulate the authors.

Sincerely

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### Author's reply

Dear Sir,

We would like to thank the author for his/her comments about our manuscript entitled "The experience with the Epiclose®-T vascular access closure device: a human study".

The great advantages of this device are related to no artificial material behind and providing natural coagulation. This causes patient's safety and comfort because of no manual compression to the patient's groin is required. In this study, the first aim was to show only initial safety and efficacy of the device and patient comfort. So, there was no difference between manual compression and the device groups for the mobilization and discharge time. Maybe, it needs an additional superiority study related to mobilization and discharge times to compare those of manual compression.

As the author pointed out that the device was effective for the patient with higher body mass index. This can be explained by the fact that hemostasis balloon needs enough soft tissue in the groin for pressing the femoral artery efficiently and achieving hemostasis successfully. Hemostasis balloon can lose its correct position if there is not enough tissue for supporting the balloon. Hence, the balloon can not achieve hemostasis. Therefore, Epiclose®-T is advantageous in the patient group for whom there can be a difficulty for manual compression because of higher body mass index.

In the study, we did not use Doppler USG during the hemostasis balloon inflation time. This can be accepted as an another limitation of the study. However, the patients were followed up for 30 days. Moreover, the 30 days follow-up included physical examination with palpation and assessment of the access site and peripheral pulses, and late complications such as pseudoaneurysm and arteriovenous fistula. Fortunately, no pseudoaneurysm or other significant vessel complications occurred in the Epiclose group.

We would like to thank the author for his/her great interest and valuable comments.

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## Can a city population represent a whole country? Essentials of study design for epidemiologic studies/Serum lipid profiles including non-high density lipoprotein cholesterol levels in Turkish school-children

*Bir ilin popülasyonu tüm ülkeyi temsil eder mi?*

*Epidemiyolojik çalışmalar için çalışma tasarımının temelleri/Türk okul çocuklarında serum lipid profili ve non-HDL kolesterol düzeyleri*

Dear Editor,

We have read the manuscript entitled "Serum lipid profiles including non-high density lipoprotein cholesterol levels in Turkish school

children" by Uçar et al. (1) with a great pleasure. That was a valuable observational and cross-sectional study conducted in 11 schools of Eskişehir city center and Çifteler county with 2896 participants. Results were well presented and discussed. However, the phrase of "Turkish Children", included in the title of the article, implies that the study is an epidemiological study. On the other hand, as stated in the methodology, the sample of the study comprised the cases who were randomly selected from 11 schools in Eskişehir. It is not appropriate to claim that cases selected from only one provision can represent all the Turkish children. In epidemiological studies, the most important subject is to select the sample so that it represents the population of interest. If a study is to be held in school children in Turkey, and the subject is prone to be influenced from various factors, such as geographical, cultural, economical and intellectual variables, the sample of the study should also possess these variables. The mostly correct data that represents the population of Turkey can be obtained from Turkish Statistical Institute (TSI). The sample of the study should have been selected according to the data obtained from TSI. The rural part of the study was represented by the population of Çifteler. The two thirds of the population of Çifteler is living in the county town. If the subjects were selected from those living in county town, it is impossible to say that these subjects are representing the rural area. The essential features of designing and applying a sample that represents a specific geographical area are described (2), and in our opinion multi-step stratified sampling method should be chosen for defining given population. In conclusion, the title of this valuable article should have been "Serum lipid profiles including non-high density lipoprotein cholesterol levels in a randomly selected large school children population". We think that this point has been overlooked by the referees and editors.

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## Author's reply

Dear Editor,

We appreciate the author for her/his letter in reference to our article entitled "Serum lipid profiles including non-high density lipoprotein cholesterol levels in Turkish school-children" that was recently published in *Anadolu Kardiyoloji Dergisi* (1). The author has some criticisms and suggestions about the selection of study population especially for the rural area.

Our study is a large epidemiological study including 2,896 school-children from urban and rural parts of Eskişehir, Turkey. We did not use "Serum lipid levels in Turkey" term in the title and we preferred to use "Turkish school-children" term like in our previous published studies. *Anadolu Kardiyoloji Dergisi* is an international peer-reviewed journal which was recently indexed by international databases. We think that it is important to indicate the special region of Turkey where the study was performed if the article would be published in a local journal but it is not important for an article published in an internationally distributed journal. We agree that it is not appropriate to claim that cases selected from only

one provision could represent all the Turkish children however it is not impossible to find appropriate population which represent Turkey's data. The author suggested that a study is to be held in school-children in Turkey, and the subject is prone to be influenced from various factors, such as geographical, cultural, economical and intellectual variables, the sample of the study should also possess these variables. Regarding this perspective, Eskişehir and our study population have no main difference about cultural, economical, intellectual variables and also nutritional variables from different parts of Turkey. The dietary habits including oil consumption of Eskişehir population which may affect the results of our study are similar to those of the middle Anatolian region. Cited study by the authors about the essential features of designing and applying a sample, was not published during our study design period. The sample selection of our study was made by consulting with our Institute's Public Health Department.

According to Turkey Prime Ministry, State Planning Organizations Report (2), "Rural area" term was recently described as living areas with <20,000 population. Çifteler county is located 64 km from Eskişehir city center and during our study period, Çifteler county population was 11,000. Çifteler's population maintains their living mainly by agriculture and livestock and 75% of the total area serves as agricultural area (3). Also the nutritional habits of the Çifteler population are different from those of Eskişehir city population. For example, unlike the urban area of Eskişehir there aren't any fast-food restaurants in Çifteler and people have their meals in home almost all the time. In addition, the selected schools were socio-economically representative of the whole region. Children from both county center and villages attend the high schools in the county center because the high schools are mainly placed in the Çifteler county center. For this reason, Çifteler regions data represents county center and villages. So, we think that Çifteler schoolchildren population can represent the rural population of our region.

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## An isolated case of left ventricular non-compaction with sick sinus syndrome

### *İzole sol ventriküler "non-compaction" ile hasta sinüs sendromu olgusu*

A 21-year-old male patient referred to our hospital because of his abnormal electrocardiogram (ECG). His past history revealed the presence of exertional dizziness since childhood period. Low heart rate (40 bpm) with apical 1-2/6 grade systolic murmur radiating to left subcostal area were detected at physical examination. We determined nodal rhythm on ECG. Transthoracic echocardiography showed hypertrabeculation of