

Authors' reply

Dear Editor,

We thank the authors of the letter for their valuable remarks. In our study entitled "Predictors of neurologically favorable survival among patients with out-of-hospital cardiac arrest: A tertiary referral hospital experience" published in the April 2017 issue of Archives of The Turkish Society of Cardiology, in 58.1% of cases, the etiology of the cardiac arrest was not identified.^[1] Therefore, in the present study exploring the relationship between cardiac arrest etiology and electrocardiographic (ECG) markers would be challenging. Interestingly, in one study, the authors found that 21% of the patients with an occluded coronary artery had no ST elevation on ECG.^[2] Although in the literature, different results have been reported regarding the usefulness of ECG markers in predicting cardiac arrest etiology,^[2,3] in our study, definitive conclusions could not be made due to limited pre-hospital data. As we stated in the limitations section, transfer to a tertiary referral hospital of patients who had worse prognosis and who needed advanced care might have led greater number of asystole ECGs on admission. Finally, we agree with the comment that prolonged transportation time may also contribute to the difference in number of asystole as initial rhythm.

Amoxicillin/clavulanate allergic reaction, implantable defibrillator shock, and Kounis syndrome: Pathophysiological considerations

Dear Editor,

Implantable cardioverter/defibrillator devices were introduced in humans in 1980 as first-line treatment or prophylaxis for patients at risk of lethal ventricular tachyarrhythmias, such as ventricular tachycardia and ventricular fibrillation.^[1]

In a very interesting report published in Turk Kardiyoloji Dernegi Arsivi,^[2] a 54-year-old male patient suffering from non-ischemic dilated cardiomyopathy who had cardioverter defibrillator implantation developed acute allergic reaction with itching, nausea, and retrosternal chest pain, and subsequently experienced pre-syncope and defibrillator shock following 1000 mg peroral amoxicillin/clavulanate (Croxilex 1000

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mg, I.E. Ulagay İlaç Sanayii Türk A.Ş., Istanbul, Turkey) for upper respiratory tract infection. Although his past history was unremarkable for any allergic reaction, smoking, hypertension, diabetes mellitus, or dyslipidemia, coronary angiography demonstrated normal coronary arteries with vasospasm at the ostium of the right coronary artery and defibrillator interrogation revealed ventricular fibrillation.

This report raises the following issues with regard to the defibrillator components and their antigenicity, the non-ischemic dilated cardiomyopathy, and the causality of the allergic reaction.

1. Both defibrillators and pacemakers are made of 2 implantable components: the generator and the pacing lead.^[3] The generator is covered by a titanium capsule. The pacing leads, which are flexible, insulated conductor wires, are attached to the capsule through the pacemaker's header. The headers are made from poly (methyl methacrylate) and polydimethylsiloxane