Letter to the Editor

Where is the ruptured bronchial artery aneurysm?

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I am very glad to see that Dr Shih et al. reported my case of haemomediastinum caused by a ruptured bronchial artery aneurysm [1]. This is one of the bronchial arterial embolisation cases that I performed during October 2006. However, I have to point out a misinterpretation of Fig. 1 of this article [1]. The location the arrow is pointing to is actually the superior vena cava (SVC) with streak artefacts due to highly concentrated contrast injection from the right arm. If we trace that vein carefully upwards, we can see that the non-contrasted blood from the left brachiocephalic vein is draining into this SVC. The small bronchial artery is a branch from the descending thoracic aorta. The bronchial arterial aneurysm is actually showed as a small dot located anterior to the thoracic vertebra in Fig. 1. The angiogram in Fig. 2 will prove that the aneurysm is truly lying anterior to the spine. Due to the rules of ‘Letter to the Editor’, I cannot explain it out in an image or figure with legend; however, the reader may contact me if they want any further explanations and/or would like to see images of the case.

Reference


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Is NT-pro-BNP predictive of atrial fibrillation in patients undergoing coronary artery bypass surgery?

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We read with interest the recent article by Gasparovic et al. [1] stating that NT-pro-brain natriuretic peptide (BNP) is predictive of atrial fibrillation (AF) in patients undergoing coronary artery bypass surgery (CABG). A total of 215 consecutive patients in sinus rhythm (SR) undergoing elective CABG were grouped according to their respective post-operative rhythm into SR and AF groups. Fifty-five patients whose preoperative and postoperative NT-pro-BNP were significantly higher developed AF (26%).

However, can NT-pro-BNP be considered an independent predictor of AF? Both BNP and NT-pro-BNP levels increase with age [2,3], and there is a reduction in the natriuretic peptide clearance (NPR)-C clearance receptor with ageing [4]. In addition, there is an association between heart failure (HR) and elevated levels of BNP. In their article, the AF group was older, more symptomatic and had a higher risk profile (Euro SCORE). We think the higher preoperative NT-pro-BNP were caused by the older age and the inferior cardiac function in AF groups, so it is inappropriate to recognise preoperative NT-pro-BNP as an independent predictor of AF. Otherwise, NT-pro-BNP levels seem to rise in the setting of AF, including lone AF [5], so the higher postoperative NT-pro-BNP may be caused by AF.

On the other hand, NT-pro-BNP is secreted from the ventricles. We think the left ventricular end-diastolic diameter (LVEDd), which may have greater impact on the NT-pro-BNP than the left atrial diameter, should be included in preoperative patient characteristics.

References