LETTERS TO THE EDITOR

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Right ventricular outflow tract obstruction should be considered in assessing influence of pulmonary regurgitation on right ventricular volume

We read with interest the results of the study by Wald et al.1 indicating differences in quantitative assessment of pulmonary regurgitation (PR) with the use of PR fraction and volume. Pulmonary regurgitation volume showed better ability to identify severe right ventricular (RV) dilatation as well as was better than PR fraction in differentiating moderate from severe RV dilatation. However, there is a question regarding the studied population. The study cohort included patients with repaired tetralogy of Fallot (TOF) and PR. In patients after TOF repair, not only PR but also right ventricular outflow tract (RVOT) obstruction can be observed.2 It was demonstrated that RVOT obstruction leads to an increase in RV volumes even in the absence of significant PR.2 Therefore, RVOT obstruction could be an important confounding factor that can cause RV dilatation. Wald et al. did not provide any information regarding concomitant RVOT obstruction. It would be interesting to know how many patients in the studied population had significant RVOT obstruction and whether excluding such patients will provide the same results.

References

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We would like to thank Spiewak et al. for their interest in our study.1 Upon review of our data, we confirm that our population consists primarily of patients with pulmonary insufficiency in the absence of significant right ventricular outflow tract obstruction (RVOTO). Furthermore, should there have been an element of RVOTO in our patients, the data by Coats et al. illustrate that this would not have been an important confounder.2 Although their study demonstrates that relief of RVOTO by percutaneous pulmonary valve implantation, in the absence of important pulmonary regurgitation, would yield a statistically significant decrease in right ventricular end-diastolic volume from 99.9 to 89.7 mL/m², it should be noted that both of these values fall within the normal range for right ventricular size and the impact of RVOTO on RV chamber dilatation is therefore not of major clinical relevance.3

References

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