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 increase in RV volume 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

Mateusz SPIEWAK
First Department of Coronary Artery Disease
Cardiac Magnetic Resonance Unit
Institute of Cardiology
ul. Alpejska 42
04-628 Warsaw
Poland
Tel: +48 22 3434272
Fax: +48 22 6133819
Email: mspiewak@ikard.pl

Lukasz A. Malek
First Department of Coronary Artery Disease
Cardiac Magnetic Resonance Unit
Institute of Cardiology
Warsaw
Poland

Jolanta Misko
Cardiac Magnetic Resonance Unit
Institute of Cardiology
Warsaw
Poland

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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 dilation is therefore not of major clinical relevance.3

References

Rachel M. Wald
University of Toronto
Toronto General Hospital
University Health Network
Peter Munk Cardiac Centre
Toronto Congenital Cardiac Centre for Adults
North Wing, SN-517
585 University Ave, Toronto, Ontario
Canada MSG 2N2
Tel: +1 416 340 5502
Fax: +1 416 340 5014
Email: rachel.wald@uhn.on.ca

Andrew N. Redington
University of Toronto
Toronto General Hospital
University Health Network
Peter Munk Cardiac Centre
Toronto Congenital Cardiac Centre for Adults
585 University Ave, Toronto, Ontario
Canada MSG 2N2

Andre Pereira
University of Toronto
Toronto General Hospital
University Health Network
Peter Munk Cardiac Centre
Department of Medical Imaging
585 University Ave, Toronto, Ontario
Canada MSG 2N2

Yves L. Provost
University of Toronto
Toronto General Hospital
University Health Network
Toronto Congenital Cardiac Centre for Adults
Department of Medical Imaging
585 University Ave, Toronto, Ontario
Canada MSG 2N2

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