To the Editor:

The article by Holland et al\(^1\) is an important study describing abnormal diastolic function, specifically elevated E/e', as an additional tool in the armamentarium of the cardiologist for prognostication following exercise echocardiography. Some additional information, however, will be helpful in order to better understand the pathophysiology of the elevated E/e' ratio after exercise. The annular myocardial or tissue velocity (e') typically is influenced by an adjacent regional wall motion abnormality.\(^2\) Hence, it would be helpful to know whether the data in this study were affected by an existing or inducible septal wall motion abnormality because the authors used the septal mitral annular velocity in this study. Some workers have recommended that the septal and lateral tissue velocities be averaged to obtain the most accurate e'.\(^2\) Averaging of the lateral and septal e' might dilute the direct effect of an underlying wall motion abnormality on any one value. Similarly, mitral regurgitation could result from ischemia involving the inferolateral wall and resultant dysfunction of the posterior mitral valve apparatus.\(^2\) In the absence of color Doppler evaluation for mitral regurgitation, it would be helpful to know whether patients developing an inferolateral wall motion abnormality were noted to have disproportionately elevated E/e' ratios. In the absence of invasive hemodynamics during exercise, these considerations might help clinicians to better understand the pathophysiology underlying the elevated E/e' ratios following exercise.

Disclosures

None.

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References

Letter by Shroff Regarding Article, "Prognostic Implications of Left Ventricular Filling Pressure With Exercise"
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Circ Cardiovasc Imaging. 2010;3:e3
doi: 10.1161/CIRCIMAGING.110.957738

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