Letter by Anusionwu Regarding Article, “Left Ventricular Diastolic Function Is Associated With Symptom Status in Severe Aortic Valve Stenosis”

To the Editor:

The recently published article by Dahl et al. tested the hypothesis that symptomatic aortic stenosis (AS) patients have impaired diastolic function, longitudinal systolic function, and left atrial (LA) dilation when compared with asymptomatic patients. The conclusion that symptoms of AS severity are associated with impaired diastolic function, left ventricular (LV) hypertrophy, concentric remodeling, and LA dilation, when AS severity was corrected, is enlightening.

In the study by Bruch et al., it was suggested that the Tei index could help differentiate between symptomatic AS patients with depressed LV function and less symptomatic patients with preserved systolic LV function. The index was defined as the summation of isovolumic contraction time and isovolumic relaxation time divided by ejection time. This gives an idea of the overall LV performance and relevant information in patients with dilated cardiomyopathy.

Furthermore, the relation of LA dysfunction in AS patients was addressed by Saraiva et al. in 2010. The authors hypothesized that LA dysfunction would be related to pulmonary artery hypertension in patients with severe AS complicated by LV systolic dysfunction. They found that the strongest correlation in severe AS and LV dysfunction was between LA function parameters and right ventricular systolic pressure.

Finally, the authors rightly suggested that after multivariable logistic analysis and adjustment for age, hypertension, atrial fibrillation, chronic obstructive pulmonary disease, LV mass index, relative wall thickness, LA volume index, and deceleration time were associated with the presence of AS symptoms. This raises the concern for a prospective study to delineate these associations.

Disclosures

None.

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References


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