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

We thank Dr Anusionwu1 for his comments and interest in our work.2 We agree that our study should be followed by a prospective study to delineate these associations, as well as to examine other novel parameters.

The Tei index may provide helpful information in aortic stenosis (AS) because it provides information on both systolic and diastolic function, although literature concerning this parameter in AS has reached different conclusions. In the article about patients with valve disease by Dr Tei’s group, it was demonstrated that the Tei index was not altered in AS compared with controls but increased after aortic valve replacement.3 As Dr Anusionwu1 correctly states, the study by Bruch et al4 demonstrated that the Tei index could differentiate patients with severe AS and reduced ejection fraction (EF) from those with severe AS and preserved EF. Despite the Tei index being increased in the group with reduced EF, it was markedly reduced among AS patients with preserved EF compared with the control group.4 This finding suggests that this parameter may pseudonormalize in AS, and this factor should be addressed in future research. Regrettably, we do not have data on the Tei index and cannot address this point.

The identification of truly symptomatic patients is most relevant when systolic function is preserved because systolic dysfunction is considered an indication for surgery in patients with severe AS, even if asymptomatic. The fact that left atrial function associates with pulmonary artery systolic pressure in patients with reduced EF is interesting, but we agree that more data are needed to examine whether left atrial function may be a key factor in the development of symptoms. As suggested by Dr Anusionwu1, the use of left atrial function parameters may be particularly interesting if left atrial function is reduced in AS even when EF is preserved.5

Disclosures

None.

References

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