

Determining ECG Parameters for Electrical Risk Score in Patients with Non-ST Elevation Myocardial Infarction

To the Editor,

We read with great interest the article titled "The Association of Electrical Risk Score with Prognosis in Patients with Non-ST Elevation Myocardial Infarction Undergoing Coronary Angiography" by Elmas et al¹ published in *Anatol J Cardiol* 2025; 29(1): 11-18. In the present study, the authors reported that the frequency of adverse events and mortality was significantly higher in NSTEMI patients with an electrical risk score (ERS) ≥ 3 at admission. We would like to emphasize some important points about this well-written study.

First, the authors defined left ventricular hypertrophy (LVH) according to the Sokolow–Lyon criteria. However, the Cornell criterion (S wave in V_3 + R wave in aVL ≥ 28 mm in men or ≥ 20 mm in women) is the most sensitive and specific LVH criterion.² In addition, the authors reported that the QT interval was measured from the beginning of the QRS complex to the end of the T wave and obtained from the automatic report of the ECG device. The QT interval measurement using the end of the T wave may overestimate the QT interval. Instead, a line is drawn across the maximal T wave downslope, using the last T wave peak. The intersection of this line with the baseline is used to calculate QT interval (Figure 1).² Many medical doctors use the QT interval and QTc value that are automatically provided by ECG records in daily practice. Neumann et al³ reported that automatic and manual QT interval and QTc values could be highly conflicting and concluded that automatic measurements require manual confirmation in order to obtain reliable results. Finally, as with Tp-e interval measurement, measuring differences of a few milliseconds without a software is quite difficult and error prone. Can we kindly ask the authors if they used any software to accurately measure ECG parameters?

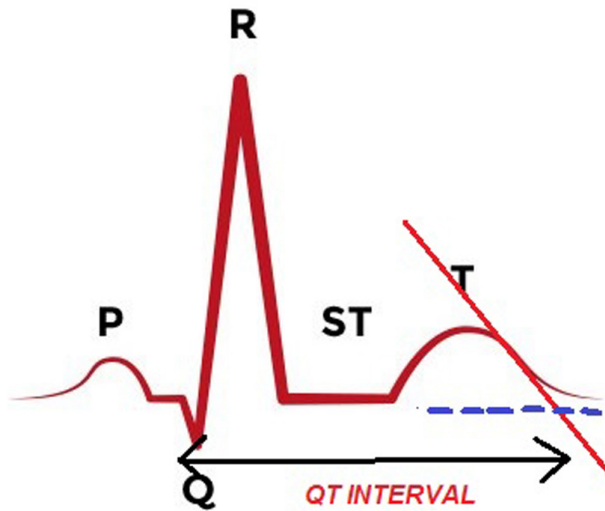


Figure 1. Measurement of QT interval.



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LETTER TO THE EDITOR

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In conclusion, to verify the value of the ESR with prognosis in NSTEMI patients, the above-mentioned factors should be taken into consideration.

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