Author`s Reply

Dear Editor,

We have read the letter to the editor with great interest. Firstly, thank you for your gentle compliments and constitutive comments on the paper (1). We think that author detected very important finding in our manuscript.

Even though we suppose all content of low-density lipoprotein-cholesterol (LDL-C) molecules are the same in clinical practice, because of significant differences between the LDL-C measurement methods in the laboratory, there are various different LDL molecules. As is known, when the Friedewald formula was used, LDL-C molecules include intermediate-density lipoprotein (2). In addition, a new formula was defined for measurement of LDL-C (3) recently.

We are planning a new study with greater patient size according to the suggestion of the author, and we plan to use our formula (CHOLINDEX) in all of the old and new LDL-C measurement formulas (Friedewald, de Cordova CM) and ultracentrifugation followed by beta-quantitation methods.

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Does left ventricular function deteriorate in patients with nasal polyposis?

Nazal polipozisli hastalarda sol ventrikül fonksiyonları bozuluyor mu?

Dear Editor,

We read with great interest the recent article entitled "Evaluation of right ventricular functions in patients with nasal polyposis: an observational study" written by Şimşek et al. (1). They aimed to assess the right ventricular functions in patients with nasal polyposis using the strain and strain rate echocardiography. They showed a subclinical deficit of the right ventricular longitudinal functions in patients with nasal polyposis who are considered to have normal right ventricular functions. We believe that these findings will enlighten further studies about echocardiographic evaluation of patients with nasal polyposis. Thanks to the authors for their valuable contribution.

Nasal polyposis (NP) is a chronic inflammatory disorder of nasal and sinus mucosa. Larger nasal polyps can block nasal passage and may result in hypoxia and hypercapnia. Cardiovascular complications of NP depend on chronic upper airway obstruction. It has been clearly shown that right ventricle function is impaired in various diseases due to chronic hypoxia (2). However, there is little information on the left ventricular (LV) function in patients with chronic hypoxia. Although LV systolic function was preserved, diastolic function was impaired in hypoxia. Ventricular interaction may impair LV diastolic function (3). Obstructive sleep apnea is another cause of chronic hypoxia and can lead to cardiovascular disturbances. Altekin et al. (4) evaluated LV longitudinal functions with two- dimensional strain echocardiography and showed that OSA deteriorates LV systolic function, and the degree of deterioration is proportionate with the disease severity.

The current study (1) assessed the right ventricular function using the strain and strain rate echocardiography but not LV function. We strongly believe that future large-scale prospective studies are needed to examine the LV function in patients with NP. On the other hand, it would be better, if they also evaluated right ventricular function using several parameters including right ventricular index of myocardial performance, tricuspid annular plane systolic excursion, and myocardial acceleration during isovolumic contraction, right ventricular fractional area change. Because these quantitative measurement are simple and reproducible, and they does not require sophisticated equipment or prolonged image analysis.

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Author`s Reply

Dear Editor,

We have read the letter to the editor with great interest. Firstly, thank you for your comments about our paper published in The Anatolian Journal of Cardiology (1).

If the patients with nasal polyposis left untreated, it could affect firstly right ventricle functions and then it could cause cardiovascular complications. However, at the present time there is not any cut-off value (for hypoxia and pulmonary arterial pressure value) for these cardiovascular complications. Vonk-Noordegraf et al. (2) reported that left ventricle functions preserved in chronic obstructive pulmonary disease patients with mild hypoxemia by a study with MRI (magnetic resonance imaging). Amano et al. (3) showed left ventricle systolic functions did not change and irresponsive to even if right ventricle systolic pressures decreased in patients with pulmonary hypertension. In chronic hypoxemia it is expected that primarily effects on left ventricle diastolic functions. Increased right ventricle pressures and volume overload deviate interventricular septum to the left and decrease left ventricular filling and this could cause diastolic dysfunction (4). This effect compensates by increased atrial contraction in patients with chronic and mild pulmonary hypertension. However in acute and excessive pressure overload it could not compensate and develops diastolic dysfunction (5). Patient group of our study included chronic and mild pulmonary hypertension (31.2±5.8 mmHg) patients.

Right ventricular functions can be evaluated by different echocardiographic techniques (RV MPI, TAPSE, RV IVA, RV FAC etc.). At the present time the most important limitations of conventional echocardiographic measurements are relation with operator and subjective values of measurements. Strain-strain rate echocardiographic evaluation of right ventricle functions are effective techniques because of minimal operator dependency and very low intra-interobserver variability rates (6, 7). Therefore, in our study we choose these techniques for evaluation of right ventricle functions.

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Kalp projesi: Bir ücret-yararlı hayat kurtarma yöntemi

The heart project: a cost-effective method to save a life

Üst solunum yolunun tam tıkanıklığının bir tıbbi acil durum olduğunu hepimiz biliyoruz. Üst solunum yolu tam tıkanıklığında sağlık çalışanlarının her vakaya anında yetişmesi mümkün olmadığından, yıllar önce Hemlich tarafından topluma öğretilmek üzere bir manevra tanımlanmıştır. Toplum tabanlı bu ilk yardım yöntemi ile her yıl dünyada 50 bin insan hayatının kurtarıldığı tahmin edilmektedir. Ani Kalp Durması bir başka tıbbi acil durumdur ve Hemlich manevrasında olduğu gibi; "sürekli kalp masajının" da topluma öğretilmesi ile binlerce hayat kurtarılabilir.

Asistanlık yıllarımda 1:5 olan suni teneffüs kalp masajı oranı, şimdi 2:30 oranına gerilerken, ABC (Airway, Breathing, Compression) şeklindeki yeniden canlandırma (KPR) alfabesi de saygın kılavuzlarda 2010 yılından itibaren CBA olarak güncellenmiştir. Toplum tabanlı KPR yöntemlerinde de suni teneffüs giderek önemini yitirmektedir. İngiliz Kalp Vakfı gibi alanında saygın kurumlar bu yıl toplum tabanlı ilk yardım kılavuzlarından suni teneffüsü çıkarmaya başladılar.

İlk asistanlık yıllarımdan beri hayal ettiğim Kalp Projesi'ni 13 Aralık 2011 tarihinde Erzincan'da İl Sağlık Müdürlüğü onayı ile resmen hayata geçirdim. Kalp Projesi "sadece eller" sloganı ile Ani Kalp Durması durumunda ambulans gelene kadar toplum tarafından sadece sürekli kalp masajı yapılmasını savunuyor.

Kalp Projesi'nde amacımız Erzincan'da 10 bin ve Türkiye'de 10 milyon kişiye kalp masajı öğretmektir. Yirmi yılın sonunda 30 milyon kişinin kalp masajı öğrenmesini hedefliyoruz. Her beş kişiden biri kalp masajı öğrendiğinde tanıklı Ani Kalp Durmalarında hayatta kalma oranları artacaktır. Bunun için Erzincan'da 100 eğiticiye ihtiyaç olduğundan Türk Kardiyoloji Derneği'nden Erzincan Üniversitesi'nde İleri Kardiyak Yaşam Desteği Kursu'nun yapılması için onay aldık. Maalesef, bu kursun iptal edilmesi neticesinde Kalp Projesi'ni destekleyen Paramedik Derneği (Parder), Acil Tıp Uzmanları Derneği (ATUDER), Hayatta Kal Derneği ve Yeni Yüzyıl Üniversitesi ile işbirliği yaparak projemize tüm Türkiye'yi kapsayacak şekilde İstanbul'dan devam edeceğiz.

Türkiye'de ilk aşamada 10 milyon kişinin Temel Yaşam Desteği Kursunu almasına ihtiyaç vardır. Bunu derslik ortamında kısa sürede başarmanın mümkün olmadığını ve maliyetinin yüksek olacağını düşünerek Türkiye'nin ilk çevirim içi Ani Kalp Durmalarında Temel Yaşam Desteği (Online KPR) Kursunu tasarladık. Bu fikir daha proje aşamasında Sağlık Bilişim Derneği'nin "Altın Steteskop Bilişim Dostu Doktor