children" by Uçar et al. (1) with a great pleasure. That was a valuable observational and cross-sectional study conducted in 11 schools of Eskişehir city center and Çifteler county with 2896 participants. Results were well presented and discussed. However, the phrase of "Turkish Children", included in the title of the article, implies that the study is an epidemiological study. On the other hand, as stated in the methodology, the sample of the study comprised the cases who were randomly selected from 11 schools in Eskişehir. It is not appropriate to claim that cases selected form only one provision can represent all the Turkish children. In epidemiological studies, the most important subject is to select the sample so that it represents the population of interest. If a study is to be held in school children in Turkey, and the subject is prone to be influenced from various factors, such as geographical, cultural, economical and intellectual variables, the sample of the study should also possess these variables. The mostly correct data that represents the population of Turkey can be obtained from Turkish Statistical Institute (TSI). The sample of the study should have been selected according to the data obtained from TSI. The rural part of the study was represented by the population of Çifteler. The two thirds of the population of Çifteler is living in the county town. If the subjects were selected from those living in county town, it is impossible to say that these subjects are representing the rural area. The essential features of designing and applying a sample that represents a specific geographical area are described (2), and in our opinion multi-step stratified sampling method should be chosen for defining given population. In conclusion, the title of this valuable article should have been "Serum lipid profiles including non-high density lipoprotein cholesterol levels in a randomly selected large school children population". We think that this point has been overlooked by the referees and editors.

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Author's reply

Dear Editor,

We appreciate the author for her/his letter in reference to our article entitled "Serum lipid profiles including non-high density lipoprotein cholesterol levels in Turkish school-children" that was recently published in Anadolu Kardiyoloji Dergisi (1). The author has some criticisms and suggestions about the selection of study population especially for the rural area.

Our study is a large epidemiological study including 2,896 school-children from urban and rural parts of Eskişehir, Turkey. We did not use "Serum lipid levels in Turkey" term in the title and we preferred to use "Turkish school-children" term like in our previous published studies. Anadolu Kardiyoloji Dergisi is an international peer-reviewed journal which was recently indexed by international databases. We think that it is important to indicate the special region of Turkey where the study was performed if the article would be published in a local journal but it is not important for an article published in an internationally distributed journal. We agree that it is not appropriate to claim that cases selected form only one provision could represent all the Turkish children however it is not impossible to find appropriate population which represent Turkey's data. The author suggested that a study is to be held in school-children in Turkey, and the subject is prone to be influenced from various factors, such as geographical, cultural, economical and intellectual variables, the sample of the study should also possess these variables. Regarding this perspective, Eskişehir and our study population have no main difference about cultural, economical, intellectual variables and also nutritional variables from different parts of Turkey. The dietary habits including oil consumption of Eskişehir population which may affect the results of our study are similar to those of the middle Anatolian region. Cited study by the authors about the essential features of designing and applying a sample, was not published during our study design period. The sample selection of our study was made by consulting with our Institute's Public Health Department.

According to Turkey Prime Ministry, State Planning Organizations Report (2), "Rural area" term was recently described as living areas with <20,000 population. Çifteler county is located 64 km from Eskişehir city center and during our study period, Çifteler county population was 11,000. Cifteler's population maintains their living mainly by agriculture and livestock and 75% of the total area serves as agricultural area (3). Also the nutritional habits of the Çifteler population are different from those of Eskişehir city population. For example, unlike the urban area of Eskişehir there aren't any fast-food restaurants in Çifteler and people have their meals in home almost all the time. In addition, the selected schools were socio-economically representative of the whole region. Children from both county center and villages attend the high schools in the count center because the high schools are mainly placed in the Çifteler county center. For this reason, Çifteler regions data represents county center and villages. So, we think that Çifteler schoolchildren population can represent the rural population of our region.

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An isolated case of left ventricular non-compaction with sick sinus syndrome

İzole sol ventriküler `non-compaction` ile hasta sinüs sendromu olgusu

A 21-year-old male patient referred to our hospital because of his abnormal electrocardiogram (ECG). His past history revealed the presence of exertional dizziness since childhood period. Low heart rate (40 bpm) with apical 1-2/6 grade systolic murmur radiating to left subcostal area were detected at physical examination. We determined nodal rhythm on ECG. Transthoracic echocardiography showed hypertrabeculation of

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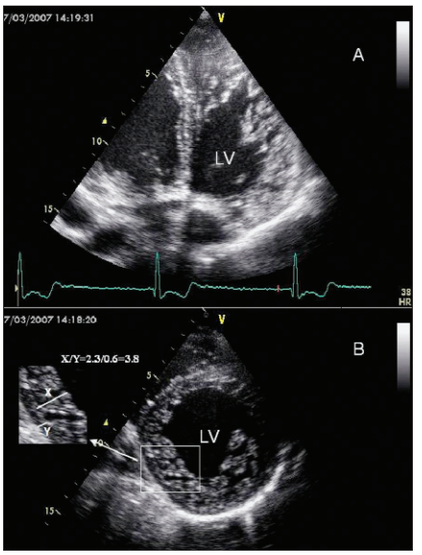

Figure 1. Left ventricular hypertrabeculation is detected in modified apical four-chamber view (upper panel). Ratio of noncompacted to compacted thickness is 3.8 in short axis view (lower panel)

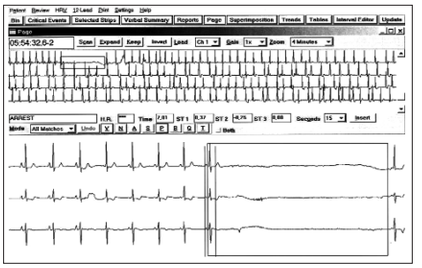

Figure 2. Sinus pause lasting 7 second is seen on 24-hour Holter recording (lower panel)

left ventricular apex and mid-segments of inferior and lateral walls (Fig. 1). There was a direct flow in the spaces between the trabeculations detected by color Doppler analysis. Left ventricular ejection fraction was 50% and mitral inflow Doppler interrogation revealed type 1 diastolic dysfunction. Mild mitral regurgitation was also detected on echocardiographic examination. The diagnosis of left ventricular non-compaction was made according to echocardiographic criteria as recently reviewed by Sura et al (1). A 24-hour Holter recording revealed alternating sinus and nodal rhythm with frequent sinus pauses (up to 7 seconds) (Fig. 2). Therefore, we concluded that the patient also has concomitant sick sinus syndrome and we decided to implant a pacemaker. After pacemaker implantation his symptoms disappeared and warfarin was started on 5th day.

The left ventricular non-compaction is an unclassified cardiomyopathy, which can be a part of other syndromes or can be found as an isolated disorder. Clinical problems in noncompaction are usually related to heart failure, arrhythmias and systemic embolic events that led us to begin warfarin treatment. To the best of our knowledge this is the third case representing the association of sick sinus syndrome-left ventricular noncompaction. In our opinion, our case may provide further support for the possibility that sick sinus syndrome is not a coincidental finding in left ventricular noncompaction.

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