

Address for Correspondence/Yazışma Adresi: Dr. Tayfun Aybek
Özel TOBB ETÜ Hastanesi, Kalp ve Damar Cerrahisi Bölüm Başkanı,
Yaşam Cad. No: 5 Söğütözü, Ankara-Türkiye
Phone: +90 312 292 98 06 E-mail: ta@tayfunaybek.com
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Author's Reply

Dear Editor,

Mitral valve repair has become a standard surgical treatment for mitral regurgitation in chronic degenerative disease and selected cases of mixed mitral pathologies. Favorable postoperative outcome and patient's benefit after surgery allowed both cardiac surgeons and cardiac specialists to recommend mitral repair, instead of making a mechanical valve replacement. Repair procedure is associated with a lower rate of reoperation, thromboembolism and valve infection than mitral valve replacement. During the last two decades, the number of mitral valve repair procedures has increased across the world. However, we are not aware of the actual number of repair procedures in our country; it is considered less than replacement procedures as well as expected numbers for chronic MR. This situation can be related to prolonged follow-up time of patients under medical treatment, instead of referring to a specialist for repair before myocardial function deteriorates. Another concern can be the presence of inadequate number of surgeons experienced in valve repair. Nevertheless, cardiologists and surgeons in our country have observed that the results of mitral repair procedures are much more successful and durable than their expectations. In our series of 100 consecutive patients undergoing surgical mitral repair, we aimed to present our preliminary results of mitral valve repair, and to focus on the benefit of repair procedures (1).

I would like to thank the author (2) of the letter for their suggestions on our series about mitral valve repair. We generally prefer to make a repair procedure in different types of mitral valve pathologies causing regurgitation, instead of performing a replacement. We agree that minimally invasive approach in mitral repair may be preferred in the surgical treatment of mitral valve repair. Our experience showed that mitral repair is a feasible and safe procedure in experienced hands with an excellent surgical outcome. We believe that symptomatic as well as asymptomatic patients with severe mitral regurgitation may have an improved prognosis if they are operated before cardiac dysfunction develops.

Aşkın Ali Korkmaz, Burak Onan¹

**From Clinic of Cardiovascular Surgery, Sema Hospital, İstanbul
¹Clinic of Cardiovascular Surgery, İstanbul Mehmet Akif Ersoy
Thoracic and Cardiovascular Surgery Education and Research
Hospital, İstanbul-Turkey**

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Address for Correspondence/Yazışma Adresi: Dr. Aşkın Ali Korkmaz
Sema Hastanesi, Kalp Damar Cerrahisi Kliniği, Maltepe, İstanbul-Türkiye
Phone: +90 216 458 90 82 Fax: +90 216 352 83 59 E-mail: aakorkmaz@gmail.com
Available Online Date/Çevrimiçi Yayın Tarihi: 03.12.2011

E. coli outbreak and myocarditis: a story in cardiology

E. coli salgını ve miyokardit: Bir kardiyoloji öyküsü

Dear Editor,

The present problem of *E. coli* outbreak in many countries in Europe draws attention of physicians and medical scientist around the world on this emerging infection. Routinely, the intestinal symptoms as severe diarrhea is the main presentation of this infection, however, there are also other presentations. The cardiac presentation might be a forgotten presentation of *E. coli*. The myocarditis is reported in severe fatal case of *E. coli* O157:H7 infection (1). The inflammatory cell infiltration in the myocardium is the common pathohistological finding (1). This condition can be misdiagnosed as myocardial infarction (2). The cause of carditis is not conclusive but might be a result endotoxin injury (3). In management of case with *E. coli* infection, the assessment on cardiac status is required. Nevertheless, it should not be forgotten that the cardiac presentation can be the uncommon presentation of the new emerging *E. coli* infection in new settings.

Viroj Wiwanitkit

Wiwanitkit House, Bangkhae, 10160, Bangkok-Thailand

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Address for Correspondence/Yazışma Adresi: Viroj Wiwanitkit, MD

Wiwanitkit House, Bangkhae, 10160, Bangkok-Thailand

Phone: 6624132436 E-mail: wviroj@yahoo.com

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Electrocardiographic diagnostic dilemma: gradual QRS widening recorded by rhythm Holter monitoring

Elektrokardiyografik tanısal ikilem: Ritim Holter kaydında QRS'lerin giderek genişlemesi

Figure 1 demonstrates one of the frequent episodes of gradual QRS widening during sinus rhythm recorded by Holter monitoring of a young lady, who has been complaining of palpitation for a few years. She has no structural heart disease and echocardiographic findings are normal. In Figure 1, the first beat has normal QRS duration, whereas the subsequent group beats demonstrate gradual widening of QRS complexes