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Reply to Letter to the Editor: "Atrial Function Assessment in High-Risk Hypertrophic Cardiomyopathy"

LETTER TO THE EDITOR
REPLY

To the Editor,

We are very grateful for your valuable comments and contributions to our study.[1] As you mentioned, it is difficult to say that the worsening of left atrial (LA) functions is secondary to the deterioration of left ventricular (LV) functions, based on the data in our study. However, in the study by Latif et al.[2] LV and LA fibrosis evaluated by cardiac magnetic resonance imaging (MRI) were found to be well correlated in hypertrophic cardiomyopathy (HCM) patients ($r = 0.6$). In this study, it is claimed that the deterioration of LA functions may be secondary to the deterioration of LV functions, or that the involvement in both LA and LV is a progression of the same cardiomyopathic process of the disease. In light of this study, we think that the deterioration of LA functions may be secondary to the deterioration of LV functions. For more precise and clear information, new studies using cardiac MRI are needed.

As we mentioned in the discussion section of our study, global longitudinal peak strain (GLPS) was associated with appropriate shock in all risk and high-risk groups, while peak atrial longitudinal strain (PALS) was associated only in high-risk groups.

PALS is not a stand-alone risk factor in HCM patients but becomes more important in the presence of other risk factors (increased HCM risk score) and may cause arrhythmia (like female gender, which is a risk factor for stroke and embolism in atrial fibrillation (AF) patients).

In previous studies, impaired PALS was predictive of the development of AF in patients with HCM.[3] However, since our aim in this study was not to investigate the predictors of AF development, it was not evaluated in this study. It would be more accurate to investigate it as the subject and purpose of another study.

In the studies you mentioned, LA strain values were found to be higher.[4] However, the data in this study belong to normal healthy individuals. In the HCM patient population, the LA strain values in our study were found to be consistent with previous HCM studies.[5,6]

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