

ing of the prosthesis is not always possible, the operator should take into account the hemodynamic profile and aortic pressure tracing of the patient to evaluate the functioning of the valve in that position. If the hemodynamic signs are in favor, neglecting an acceptable amount of fluoroscopic malposition would not result in a bad procedural outcome. Operators should keep in mind that hemodynamic monitoring must be a part of the procedure and may be a sign of proper valve positioning.

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## Ebola virus disease 2014: Induction of abnormal cardiac rhythm?

To the Editor,

The present outbreak of Ebola virus disease 2014 in Africa is of public health concern. This disease is a deadly infection and has high fatality (1). The clinical presentation is mainly an acute febrile illness with hemorrhagic complication (1). Of interest, there are also other systemic presentations in the patient. The effect of the infection on cardiac rhythm is very interesting. Indeed, in the earlier outbreak in Sudan in 1976, the problem of cardiac rhythm abnormality was not observed (2). However, in the present situation, Ebola 2014, tachycardia is common (3). Bah et al. (3) reported that the mean heart rate of patients was >93 beats/minute. It appears that the new Ebola virus 2014 has a possible cardiac chronotropic action.

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