

Japanese type cardiomyopathy associated with preexcitation / Japanese type cardiomyopathy without deep negative T waves and with findings of preexcitation on ECG

Preeksitasyon ve Japon tipi kardiyomiyopati birlikteliği / EKG'de derin negatif T dalgaları izlenmeyen, preeksitasyon bulguları izlenen Japon tipi kardiyomiyopati

Dear Editor,

I read with great interest the case report presented by Emiroğlu et al. (1) for which I would like to congratulate all the authors. They described a case with Japanese type cardiomyopathy associated with pre-excitation, but without associated classical finding of deep negative precordial T waves. The authors pointed out that this case might represent a rare case of this type of cardiomyopathy and they could not give a plausible explanation for the absence of deep T wave negativity. However, I would suggest that one explanation for the absence of deep negative T waves might be pre-excitation itself. According to the surface electrocardiogram given in Figures 1 and 2 the accessory pathway seems to be located to the anteroseptal region and as it is well known that preexcitation might be responsible for abnormal repolarization vector. Hence, the normal axis of ventricular activation, namely depolarization and repolarization directions might both be changed according to the location and direction of the accessory pathway. We all are aware that residual T wave axis changes occur after ablation of accessory pathways and cardiac T wave memory are implicated for this behavior. Therefore, in this particular case deep negative T waves usually observed in patients with apical hypertrophic cardiomyopathy representing abnormal repolarization might be masked by the repolarization changes of pre-excitation. It might be interesting to see how T waves would appear after ablation of the accessory pathway. Therefore, I think that the case presented by Emiroğlu et al. (1) should not be considered as a unique entity. It might be merely related to accessory pathway mediated change of repolarization vector.

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Author's Reply

Dear Editor,

We are very contented to take feedbacks from other authors about our article. Though the 'Japanese Type Cardiomyopathy' is easily diagnosed with echocardiography, not all secrets about the disease are evident yet, because of its rare incidence. As, we mentioned in our letter, deep negative T waves may resolve or normalize with the advance of disease to another form (i.e dilated cardiomyopathy) or with developing a new concomitant cardiac disease (i.e coronary artery disease) (1). It is well known that preexcitation syndromes may cause repolarization anomalies. Because we did not perform electrophysiological study (EPS) or ablative therapy to our patient, we refrained from attributing T wave anomalies to the existed preexcitation entirely. If EPS had been done, it would have been very interesting to survey T wave changes. However, to say more would be speculation. The point that we would like to draw attention in our letter is that sometimes, some diseases, in spite of well-known criteria, may manifest with different findings.

Many thanks for your comment.

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The beneficial effects of allopurinol in cardiology practice: decrease in uric acid and vascular oxidative stress/ The effects of lowering uric acid levels using allopurinol on markers of metabolic syndrome in end-stage renal disease patients: a pilot study

Allopurinolün kardiyoloji pratiğindeki faydalı etkileri: Ürik asitte ve vasküler oksidatif strese azalma/ Ürik asit seviyelerinin allopurinol ile azaltılmasının son dönem böbrek hastalarındaki metabolik sendrom belirleyicilerine etkisi: Pilot çalışma

Dear Editor,

We have read the article of Shemaldine et al. (1) with great interest. They evaluated the effects of allopurinol on lipid parameters in 12 hemodialysis patients with gout and showed low-density lipoprotein (LDL) lowering and triglyceride increasing effects of the treatment.