

## Reply to Letter to the Editor: "Management of Ventricular Pseudoaneurysms"

To the Editor,

We have reviewed the feedback<sup>1</sup> we have received for our article.<sup>2</sup> We are grateful for the interest in our article. We would like to thank the author(s)<sup>1</sup> for their questions. As the authors of our article, here are our responses to the questions asked:

1. The patient was started on acetylsalicylic acid 100 mg perorally per day and warfarin perorally with a target INR of 2-3 due to dense thrombus within the aneurysm. Additionally, ramipril 5 mg perorally per day, atorvastatin 20 mg perorally per day, metoprolol 100 mg perorally per day, and torasemide 5 mg perorally per day were started.
2. The patient's ECG findings were compatible with aneurysmatic ST elevation, and due to the increase in serial troponin monitoring, the patient was diagnosed with non-ST segment elevation myocardial infarction. The patient was recommended angiography and subsequent surgery to repair the aneurysm, but the patient did not accept either procedure.
3. The patient applied for a follow-up examination and INR measurement 1 week later. The aneurysm size was similar. The patient's right upper and lower extremity motor examination strength was normal. Later, the patient did not apply to our center for control purposes.

### REFERENCES

1. Köseoğlu C, Öncel CR. Management of ventricular pseudoaneurysms. *Anatol J Cardiol.* 2024;X(X):X-X.
2. Şaşmaz Mİ, Demir B, Uçar M, Avci A. Huge pseudoaneurysm presenting with silent myocardial infarction and stroke. *Anatol J Cardiol.* 2024;28(6):E-24-E-25. [CrossRef]

### LETTER TO THE EDITOR REPLY

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