

diomyopathy and especially apical or anterolateral hypertrophic cardiomyopathy with transthoracic echocardiography has important limitations for making diagnosis (5, 6). HCM is associated with a thick and noncompliant left ventricle (LV) resulting in some degree of diastolic dysfunction in nearly all patients. Therefore, patients with HCM are particularly dependent on normal atrial kick to provide optimal LV filling and cardiac output. Patients with HCM are prone to both atrial and ventricular arrhythmias (7). This phenomenon causes atrial dilatation in patients with HCM. In the presented case, the patient has biatrial dilatation and atrial fibrillation. These findings might be due to HCM. At these instances, in the case of diagnosis, cardiac MRI is required to clarify the diagnosis. With the findings mentioned at this paper, the authors' diagnosis of early repolarization abnormality is suspicious and calls for more evidence.

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Author's Reply

To the Editor,

Thank you for your interest on our case report (1). We appreciate your elaborate comments.

Electrocardiographic (ECG) ST elevation associated with left ventricular hypertrophy is due to delayed depolarization of the epicardium, which leads to discordant repolarization abnormalities. The ECG characteristics of left ventricular hypertrophy are ST elevation in right and septal precordial leads and ST depression in lateral leads (2). Generally, ST elevation is discordant with the QRS direction.

Hypertrophic cardiomyopathy has similar ECG findings with left ventricular hypertrophy. Apical variant of the hypertrophic cardiomyopathy (Yamaguchi syndrome) is frequently associated with deep symmetrical T wave inversion (giant T waves).

In our patient, apical hypertrophic cardiomyopathy was the least likely diagnosis. Echocardiographic image quality was good; left ventricular apex was clearly visible, left ventricular cavity mid and apical segments had normal thickness, and there was no gradient throughout the left ventricle.

Atrial fibrillation (AF) is quite common in the elderly. In addition to the advanced age (i.e., 68-years old), our patient also had long-standing hypertension. Advanced age and hypertension are the most common risk factors for the development of AF (3). Diastolic dysfunction is frequently observed in elderly women with hypertension. Our patient carries three major risk factors for the development of diastolic dysfunction: increased age, female sex, and hypertension. Biatrial dilatation is the hallmark finding of diastolic dysfunction. Therefore, we believe that there are enough risk factors for the development of AF, i.e., increased age, hypertension, diastolic dysfunction, and consequent biatrial dilatation.

In addition, the ECG presented in Figure 1 shows classic type 2 Brugada pattern and, ST elevation on V1 and V2, which were absent in the ECG performed in the previous year, which is pre-

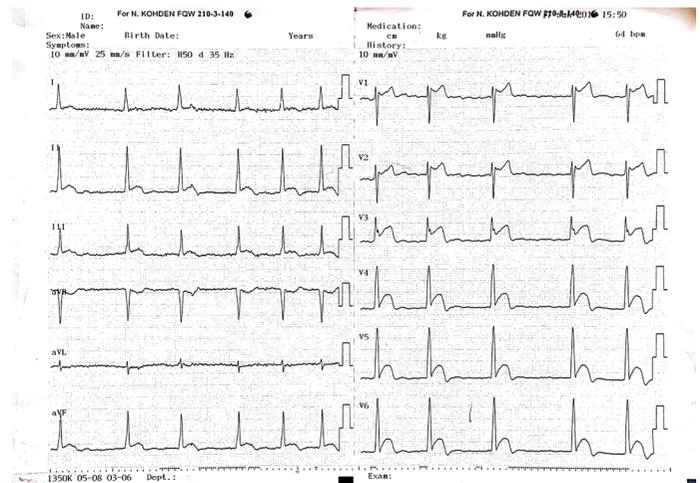


Figure 1. ECG shows atrial fibrillation. ST elevations are most prominent in V3, which also has a notch on the descending part of QRS compatible with early repolarization

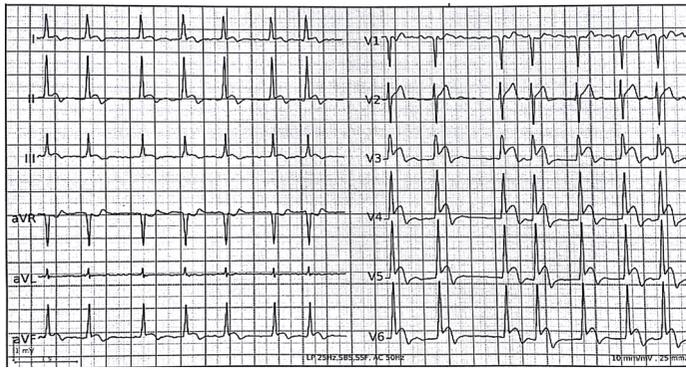


Figure 2. ECG done in the last year showing similar findings presented in Figure 2. The case reports cited by the letter's authors include ST segment elevations only in lateral leads. Both the presence of ST elevation on V1 and V2 and dynamic nature of the ST segment elevation in our patient make the diagnosis of apical hypertrophic cardiomyopathy much less likely. Our patient had a clearly visible notch on V3, which also favors early repolarization.

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Does the country of origin matter for finding research internships in the United States?

To the Editor,

It is a well-known fact that working at American medical schools in the United States (US) and building a strong curriculum vitae (CV) is very likely to improve the application package of would-be resident doctors and post-doctoral researchers (1).

Therefore, medical students outside the US are likely to seek voluntary research positions in the US. Being able to find good positions does not depend only on credentials and past academic achievements. There are many studies examining the relationship between having a common name (2), middle name (3), white-sounding name (4), and easy-to-pronounce name (5) and their association with employability, perceived intellectual performance, perceived social status, and getting involved in crime (6).

It is my observation that there is a significant difference between medical students from Turkey being able to find research internships in the US and medical students from Western Europe. To test this hypothesis, three fictional medical students, Paul Muller, Germany; Mehmet Yılmaz, Turkey, and Jackson Smith, United Kingdom (UK), were created. To narrow down the reasons to explain any selection biases, if any, the medical schools these students are from were chosen to be very similarly ranked (University of Rostock, Germany; İstanbul University, Turkey; and University of Bradford, UK). Personalized application emails to 216 principal investigators (PIs) in the field of cardiovascular medicine working at top-notch US medical centers were composed to be very similar, and the emails did not reveal any credentials, such as CV, except comparably ranked medical schools. To ensure the robustness of internal validity, the time period between emails were chosen carefully to ensure that neither the PIs would realize similarly written emails nor would any applicants be late for application. Thus, the emails were sent over two–three weeks apart from each other, and all the emails were sent on weekends.

The responses from PIs were classified as:

A: No position is available.

B: Asking for CV (and/or) letters of recommendation (LoR) (and/or) Lets skype (and/or) previous experience.

The null hypothesis was “the country of origin is independent of the likelihood that students be considered for voluntary research positions.” Out of 216 application emails sent by each student, whereas the medical students from Germany and UK received statistically comparable 48 and 23 requests of CV/LoR/interview requests, respectively; the medical student from Turkey received consideration only from 8 PIs. Conversely, rejection emails were very similar, and the students from Germany, UK, and Turkey received 30, 27, and 28 rejection emails respectively. The 3x2 chi-square test comparing the responses resulted in Pearson's chi-square value of 15.386 (degree of freedom=2) and a two-sided p value <0.001. Therefore, it was found that the country of origin is not independent of the responses medical students are likely to receive from the PIs. Medical students from UK and Germany were found to be far more likely to be considered for voluntary research positions than their peers in Turkey.

Potential causes explaining this significant difference are open to speculation (2-6). Considering that the content of the emails sent were relatively similar and that no further information were shared in the application email, it appears that the outlook toward Turkey, as a country, from the point-of-view of PIs is