



Letter to the Editor

Reply: Letter to the editor: Prognostic value of left atrial size and function in adults with tetralogy of Fallot



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Dear Dr. An,

We would like to thank you for your interest in our article entitled “Prognostic value of left atrial size and function in adults with tetralogy of Fallot” [1]. We fully agree that accurate prognostication is of paramount importance in these patients. We are pleased to respond to the comments point by point.

Indeed, other imaging modalities such as cardiac magnetic resonance (CMR) are probably more accurate than 2D echocardiography in the assessment of LA volumes. We have acknowledged this in our article in the Clinical Implications paragraph, in which we stated

“Although other imaging techniques such as CT, CMR or 3D echocardiography could provide a more accurate estimation of LA size, (...)”. We also agree that the cohort of 32 patients that was analyzed in your department is probably too small to demonstrate any association between LA size and cardiovascular events. Future research is therefore certainly needed to evaluate the prognostic value of CMR-derived left atrial volumes in a large prospective cohort of patients with tetralogy of Fallot with a long-term follow-up duration. Nevertheless, the echocardiographic measurements that are investigated in our study can be easily implemented in day-to-day clinical practice and CMR also has its limitations such as higher costs, less availability, and inability to scan patients with intracardiac devices [2].

As described in Tables 1, 67 patients (50%) had received a surgical PVR at the time of study inclusion. In Table 2, we have described the cardiac function of all patients at the time of study inclusion. It was considered outside the scope of this study to describe cardiac function at the time of surgical PVR, because this was median 7.7 [IQR 5.1–13.2] years prior to study inclusion. We hope that this additional information can adequately address the comments raised.

References

- [1] V.J. Baggen, A.W. Schut, J.A. Cuypers, et al., Prognostic value of left atrial size and function in adults with tetralogy of Fallot, *Int. J. Cardiol.* 236 (2017) 125–131.
- [2] B.D. Hoit, Left atrial size and function: role in prognosis, *J. Am. Coll. Cardiol.* 63 (2014) 493–505.

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