Dear Editor,

I have read the letter to the editor that concerns my article about increased susceptibility for ventricular arrhythmia in atrial septal defect with greater shunts (1). Authors made some valuable contributions and brought up some relevant criticisms at the same time. First of all, reader should be aware of this article’s methodology is retrospective data analysis. So, I could only be able to harness data by the virtue of primary physicians actions in past. As you would notice from standard deviations of mean age, patients were adults, individuals whose age was <18 years were not enrolled, unfortunately it is not written in exclusion criteria.

On the other hand, I concur that measurement of right ventricle diastolic functions are important to show right heart failure in this population and another supportive data for fibrosis hypothesis. As authors stated, newer electrocardiographic indices are about to take place of formers, such as QT interval, QT dispersion etc (2). The thing is, my aim was to bring up a new point of view for this patient group and raise some awareness for ventricular arrhythmia risk, which is more important than atrial arrhythmias in terms of mortality. If this was a prospective study with patients’ long time follow-up with Holter monitoring or implantable loop recorder if applicable, it would help us to reach some definite conclusions.

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