Reply to Letter to the Editor: “Can Diastolic Dysfunction Develop as a Result of Premature Ventricular Complex?”

To the Editor,

We read with great interest the valuable comments of the authors’ in their letter named “Can diastolic dysfunction develop as a result of premature ventricular complex?” and we thank them for their comments and opinions.

As the authors emphasized, advancing age is one of the important risk factors for the deterioration of echocardiographic diastolic function parameters. However, according to the multivariate regression analysis in our study group, the early diastolic strain rate (Sre) decreased with increasing age, but there was no statistical significance (P = .166). In patients with frequent premature ventricular complex (PVC), Sre decreased significantly regardless of age (P < .001) (Table 1).

Table 1. Multivariate Regression of Age and PVC for Sre

<table>
<thead>
<tr>
<th>β (95% CI)</th>
<th>P</th>
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<tbody>
<tr>
<td>Age</td>
<td>−0.005 (−0.013 to 0.002)</td>
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<tr>
<td>PVC</td>
<td>−0.344 (−0.531 to −0.157)</td>
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</tbody>
</table>

PVC, premature ventricular complex.

We share information about inter-observer and inter-observer variability in echocardiographic parameters [intra-observer variability: intra-class correlation 99.0% (95% CI: 98.5%–99.3%); inter-observer variability: intra-class correlation 96.8% (95% CI: 95.4%–97.8%)].

In our recently published study, we investigated the relationship between PVC and impaired left atrial (LA) function as measured by LA strain evaluation using a 4D Auto LAQ. We demonstrated that the longitudinal and circumferential strain values of LA were considerably lower in PVC patients (P < .001).

REFERENCES