

Editorial

Koronar yavaş akım fenomeni: Bir adım ileri iki adım geri

Coronary slow flow phenomenon: one step forward, two steps back

Dr. Serdar Sevimli

Atatürk University Faculty of Medicine, Heart Center, Department of Cardiology, Erzurum

Abbreviations:

CSFP Coronary slow flow phenomenon

LV Left ventricle

Coronary slow flow phenomenon (CSFP) has been defined as delayed filling of distal arterial bed with contrast material in patients with angiographically normal or near-normal coronary arteries. Firstly in 1972 it was described in a study including six patients.[1] During more than forty years since its first description, many studies have been performed concerning its frequency, etiology, and pathogenesis. [2-6] These studies have suggested that CSFP might have an impact on LV systolic, and diastolic functions. . However a study conducted by Zencir et al. [7] and published in this issue of *Archives of Turkish Society of Cardiology* [2013;41(8):697-698] preservation of systolic, and diastolic functions has been asserted. Left ventricular systolic, and diastolic functions can be evaluated using

various methods. The most frequently employed methods include echocardiography, magnetic resonance imaging, and diagnostic cardiac catheterization. However, in clinical practice mostly echocardiographic (ECHO) examinations have been performed to that end. LV functions are evaluated echocardiographically in M-mode, Doppler, and 2D deformation (strain) echocardiographies. Studies performed on patients with CSFP, any modality apart from echocardiographic examinations has not been employed, and moreover Doppler echocardiography was preferred in all these investigations. The most important Achilles tendon of these studies is its already acknowledged technical limitations of Doppler ECHO namely its dependence on angle of

Address of correspondence: Dr. Serdar Sevimli. Atatürk Üniversitesi Tıp Fakültesi, Kalp Merkezi, Kardiyoloji Anabilim Dalı, Erzurum.

Phone: +90 442 - 316 63 33 / 1454 *e-mail:* drserdarsevimli@hotmail.com

projection, and higher interindividual variability.[8,9] Zencir et al. couldn't find any difference between control, and CSFP groups, however some studies revealed some intergroup differences .[2-6] Diversities between the results of these studies might be partly explained by the limitations of Doppler echocardiography. In addition, some parameters of Doppler echocardiography can remain inadequate even in the group of patients with systolic heart failure. Therefore diagnostic sensitivity of Doppler ECHO might decrease considerably in patients with preserved LV ejection fraction.[10] However case-control design, and scarcity of these studies lead the way to systematic bias. As a concluding remark, whether CSFP affects LV systolic, and diastolic functions is not a clear-cut issue. Further studies using different study designs, and more objective methods are needed to reveal the association between CSFP, and LV functions.

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