Left atrial mechanics: new echocardiographic techniques for function evaluation: our reply

We have read with interest the letter by Teixeira et al. We thank them for their thoughtful reading of our paper.

We are in absolute agreement with them about standard methodology to evaluate the left atrium by deformation imaging. Our review was an attempt to summarize the literature, and we would urge the societies to consider standards beyond the currently published document. It is a ‘call to action’ to multiple imaging societies.

References

Left atrial reservoir phase: deformation analysis

We have read with enthusiasm the paper by Todaro et al. recently published in European Heart Journal of Cardiovascular Imaging regarding the evaluation of left atrial (LA) mechanics. Two-dimensional speckle-tracking echocardiography allows a non-invasive assessment of global LA function and regional deformation from which various LA mechanical indices can be obtained, providing a direct assessment of LA endocardial contractility and passive deformation.

Todaro et al. described the three components of LA function, the contractile, reservoir, and conduction phases during the cardiac cycle in accordance to the literature. Focusing in the reservoir phase it comprehends an early and late phase. The early phase starts with a mitral valve closure, ends with aortic valve opening and corresponds to the left ventricular isovolumic contraction phase. The late phase corresponds to the left ventricular ejection period and isovolumic relaxation phase. In the early reservoir phase, the LA strain (ε) curve (with a P-wave trigger) is clearly still below zero. In this way we believe the calculation of the longitudinal atrial deformation that is associated with the reservoir function is not as Todaro et al. noted in figures 6 and 12 of their manuscript. The authors represented the reservoir phase as the first positive peak in the LA strain curve. In agreement with previous authors, we believe that the reservoir phase is represented in the LA strain curve as the sum between the absolute values of the first (negative) peak, and the second (positive) peak in the LA deformation curve, a so-called total LA strain—Figure 1. This means that the positive value the authors point in the picture probably under represent the reservoir.

References

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Nevertheless, the positive peak would represent the entire reservoir phase if the electrocardiographic trigger would be in the QRS and not in the P-wave. The QRS is not the preferred method for electrocardiographic triggering but is the one used in the presence of atrial fibrillation. Nomenclature becomes confusing, when LA strain and measurements are often labelled according to events of the left ventricle (LV), rather than events of the LA, because of resemblance with other Doppler parameters. LA reservoir function should be represented by the total strain that is the sum of strain components when the LA fills from the minimum LA volume to the maximum LA volume. Total LA deformation is, therefore, in normalcy the higher absolute value of LA deformation. LA total deformation is considered to be determined by LA relaxation and by the LV base descent during ventricular systole. According to Saraiva et al., both total and positive LA strain correlated with LV relaxation indexes, but total LA deformation \((r = -0.33, P = 0.008)\) had a higher negative correlation with an LA maximum volume index (a marker of the reservoir phase) than the positive LA strain \((r = -0.26, P < 0.04)\).

We believe that methodological standardization is essential to boost LA deformation analysis in the clinical investigational setting.

References

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