Reply to the letter to the editor

We thank Doctor Uzun et al. for their interesting letter but would like to make several comments.

We observed that the angle between the mitral leaflets in patients with mitral stenosis (MS) is narrow and therefore that a fixed angle provides acceptable measurements of the mitral valve area (MVA). Firstly, mean angle value in our study was $104 \pm 13^\circ$ and $90-115$ was not the angle range but the inter-quartile (range $80-135$). The narrowness of the angle was not obtained by chance and has been also observed by others.\textsuperscript{1,2} Secondly, we agree that for some extreme angles, use of a fixed value may lead to important under- or over-estimation. However, we feel that the validity of this method should discussed as regards the majority of patients (and thus inter-quartile values) and not focussing on these extreme values. Moreover, Uzun et al. seem to think that a 15% over- or underestimation is unacceptable in clinical practice. Medicine is not exact science and such a difference corresponds to $0.1-0.25$ cm$^2$, which is similar to the intra- and inter-observer variability of all methods of MVA measurements. Finally, as mentioned in the manuscript we are certainly not implying that angle measurement is useless, we wish just to highlight that its absence does not preclude the use of the PISA method for MS severity assessment and this finding may extend its use in routine practice.

References


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