Letters to the Editor

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Syncope and coronary anomalies

We have read with interest the article by Colivicchi et al.1 and while congratulating them on their work, we would like to make some comments.

Congenital anomalies of the coronary arteries are an important cause of sudden death in athletes, which should be excluded when one of these presents a syncope. In their work, the authors rule out cardiac disease in the 33 athletes studied, by means of an evaluation which includes a clinical history, physical examination, routine laboratory tests, a 12-lead electrocardiogram, Doppler echocardiography, 24-h electrocardiographic monitoring, exercise testing and a cardiac electrophysiological study.1

We are in complete agreement with the authors on the employment of Doppler echocardiography as a noninvasive technique in the diagnosis of the initial course of coronary anomalies, but it is known that there are a small percentage of patients with poor echocardiographic windows, which do not allow a complete and safe diagnosis of the initial course.2 Different semi-invasive techniques—transoesophageal echocardiography,3 helicoidal computed tomography,4 magnetic angioresonance5—have been proposed to alleviate this problem.

Have the authors employed any of these semi-invasive techniques or has conventional transthoracic echocardiography been satisfactory in ruling out the presence of coronary anomalies?

References

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