ACE-inhibitors are the cornerstone in CHF treatment, the role of the renin–angiotensin system in the etiology of anaemia may be of importance.

In a recent meta-analysis in which >150 000 patients were investigated, we showed that anaemia in CHF is clearly associated with an increased mortality. Therefore judicious correction of anaemia with erythropoiesis stimulating proteins (ESP) should continue to be investigated. So far, relatively small-scale clinical trials did not show an increase in adverse events associated with ESP treatment, i.e. thromboembolic events or hypertension. Currently a large phase III clinical trial is being performed [Reduction of Events with Darbepoetin alfa in Heart Failure (RED-HF)]. This study will shed more light on the safety and efficacy of ESP treatment in anaemic CHF patients.

References

We read with interest an article in a recent issue of the European Heart Journal, in which Sanchez et al. performed a systematic review to determine the prognostic value of right ventricular (RV) dysfunction in haemodynamically stable patients with acute pulmonary embolism (PE). In this study the authors found that RV dysfunction assessed by echocardiography was associated with an increased risk of mortality when including five studies with 475 patients with haemodynamically stable PE [relative risk (RR) 2.53; 95% confidence interval (CI) 1.17–5.50].

The authors did not include a study in which the prognostic value of echocardiography in 214 consecutive patients with acute symptomatic PE was evaluated. This study met all eligibility criteria for inclusion in the systematic review: (i) it

![Figure 1](https://example.com/image1.png)
was published in September 2007; (ii) consecutive patients with an objective diagnosis of acute symptomatic PE were enrolled; (iii) all patients were haemodynamically stable; and (iv) all-cause 30-day mortality was reported. In this study, which enrolled a larger number of patients than any of the studies included in the systematic review, RV dysfunction assessed by echocardiography was not associated with an increased risk of 30-day mortality (RR 1.98; 95% CI 0.46–8.65).

After adding this study to the systematic review, the pooled unadjusted RR for mortality is shown in Figure 1. Analysis was carried out with STATA v8.0. In conclusion, RV dysfunction assessed by echocardiography is associated with an increased risk of mortality in patients with haemodynamically stable PE.

References

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Right ventricular dysfunction for prognosis in haemodynamically stable patients with acute symptomatic pulmonary embolism: reply

We thank Dr Jiménez for his letter. Although we applied no language restriction, this study, published in a Spanish journal, was not included in our systematic review because our two search strategies in PubMed and Embase did not identify it as potentially relevant one in our list of 722 articles. However, after adding this study, the pooled unadjusted relative risk (RR) for mortality of right ventricular dysfunction assessed by echocardiography did not change our results significantly [respectively: RR 2.41; 95% confidence interval (CI) 1.21–4.78 vs. 2.53; 95% CI 1.17–5.50].

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