



Letter to the Editor

Atrial cardiomyopathy: Answer to Letter to the Editor by Dr. O. Jolobe[☆]Andreas Goette^{*}, Matthias Hammwöhner

Medizinische Klinik II, St. Vincenz-Krankenhaus, Am Busdorf 2, 33098 Paderborn, Germany

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We agree with Dr. Jolobe that certainly a broader indication range for NOAC therapy would be beneficial in terms of patient convenience and could also reduce bleeding events. Our review on atrial cardiomyopathy encompasses pathophysiological changes of non-valvular as well as valvular atrial fibrillation (AF) [1]. However, using NOAC's in valvular AF has not been tested in any of the large scale phase III clinical NOAC studies. Therefore, it is currently unknown if, besides reduced bleeding risk, efficacy is equal or better than standard VKA therapy in the setting of valvular AF. As seen in the "Dabigatran versus Warfarin in Patients with Mechanical Heart Valves Study" by Eikelboom et al., NOAC efficacy and safety may be subpar in certain disease entities when compared to standard of care with VKA [2]. Information on histopathophysiological fibrotic and prothrombotic changes are scarce in valvular AF patients and profound changes are seen in both atria

even in rheumatic valve disease patients without AF [3,4]. Therefore before switching anticoagulation therapy recommendations, to our mind, another large scale phase III study is needed to prove efficacy of NOAC's in AF associated with rheumatic valve disease.

Conflict of interest

The authors report no relationships that could be construed as a conflict of interest.

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^{*} Corresponding author.

E-mail address: andreas.goette@vincenz.de (A. Goette).