



Letter to the Editor

12 lead ECG as an emerging risk stratifier in peripartum cardiomyopathy



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Dear Editor,

Recently, the original paper entitled “The prognostic significance of the 12-lead ECG in peripartum cardiomyopathy” reported by J. Hoelmann and colleagues attracted our interest [1]. Their results revealed that a prolonged QTc and sinus tachycardia at baseline were independent predictors of poor outcome in patients with peripartum cardiomyopathy (PPCM).

To our knowledge, there is a paucity of electrocardiogram (ECG) data in PPCM [2,3]. We appreciate the authors for valuable contribution to the literature about this subject, however, we want to address some points that merit more attention.

As known, the measurements of QT interval are heart rate-dependent. Bazett's formula overestimates corrected QT interval with higher heart rates compared with other corrections, including Fridericia, Framingham, and Hodges formulas [4]. Therefore, sinus tachycardia might be the potential mechanism for higher QTc measurements in

patients with higher heart rates. Furthermore, the rate of diuretics use was quite high in study population. It has been well known that diuretics might lead to a significant reduction in some important electrolyte levels such as potassium, calcium and magnesium and this might be accountable for QTc prolongation. The authors should comment on the electrolyte levels in study patients. Additionally, in such studies that use measurements, correlation coefficients for intra- and inter-observer reliabilities should be presented. Although a relatively large series of patients with PPCM were investigated, the study population was limited in size. We wonder if the researchers evaluate the sample size and the statistical power in their study.

Declaration of Competing Interest

The authors report no financial relationships or conflicts of interest regarding the content herein.

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