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Letter to the Editor

Reply to '12-lead ECG as an emerging risk stratifier in peripartum cardiomyopathy'

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We thank Dr. Tak et al. for their letter to the editor regarding our article entitled 'The prognostic significance of the 12-lead ECG in peripartum cardiomyopathy'.

We acknowledge that the QTc is heart rate dependent and that Bazett's formula overestimates the QT interval in the presence of tachycardia. However, the QTc by Bazett (QTcB) remained an independent predictor of poor outcome when we corrected for sinus tachycardia in our multivariable regression analysis. We therefore suggest that QTcB might serve as a predictor of poor outcome in PPCM. QTcB is the most useful calculation in the clinical setting, as abnormal values correlate well with arrhythmic events [1]. The benefit of using QTcB over other methods of correction is that it is easier to calculate and it remains the most commonly used method of QT correction in clinical practice [2,3].

Electrolytes certainly have an impact on the QT interval [4]. However, in our analyses, there was no difference in electrolyte levels between those with good and poor outcome, neither with normal or prolonged QT. Similarly, there was no association between diuretic use and outcome or QT prolongation.

PPCM is a rare disease. Though our study population was small, the study was adequately powered to conclude that there was a significant difference in heart rate amongst those with good and poor outcome (power = 0.8286). However, to show a significant difference in the QTc interval, one would need a sample size of 124 patients. Our QTc interval findings should therefore ideally be confirmed by a larger multicentre study.

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