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Right Ventricular Functions in Pulmonary Thromboembolism

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Dear Editor,

We read with great interest the paper entitled “Subclinical Atherosclerosis in Patients with Prior Pulmonary Thromboembolism” by Buyukterzi et al. [1], which is an important study.

Several echocardiographic parameters are available to determine right ventricular functions, such as fractional area change, tricuspid annular plane systolic excursion, tissue Doppler-derived right ventricular systolic excursion velocity S', etc. Strain and strain rate are the major determinants of right ventricular systolic functions. Moreover, global right ventricular functions can be evalu-

ated with myocardial performance indexes [2]. Because of higher intraobserver variability, right ventricular size measurement is not the gold standard for the assessment of right ventricular functions. This is better determined by radionuclide angiography or cardiac magnetic resonance imaging [3].

Furthermore, if right ventricular function diminishes, left ventricular functions may compensate. Left ventricular functions are not assessed comprehensively by tissue Doppler parameters and diastolic dysfunction parameters [4].

References

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