Is Ventricular Arrhythmias the End for All Conditions?

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Dear Editor,

We read the article titled “Abnormal Dispersion of Ventricular Repolarization as a Risk Factor in Patients with Human Immunodeficiency Virus: Tp-e Interval, Tp-e/QTc Ratio” by Evren et al. [1] with interest. The authors evaluated the changes in Tp-e interval, Tp-e/QT, and Tp-e/corrected QT (QTc) ratios, and traditional electrocardiographic features of electrical dispersion in adults infected with human immunodeficiency virus (HIV); their study revealed that the cTp-e interval, Tp-e/QT, and Tp-e/QTc ratios were prolonged and correlated to the severity of the disease in HIV-infected patients.

Previous studies have revealed that the Tp-e interval, the Tpeak-Tend interval (Tpe), and the interval from the T-wave peak to the end of the T wave are related to arrhythmogenesis, specified as an index of total dispersion of repolarization [2]. Prolonged Tp-e interval is predictive for ventricular arrhythmias and mortality [3]. Unal et al. [4] showed that HIV-infected patients receiving combination antiretroviral therapy were associated with longer Tp-e interval and Tp-e/QTc ratio and correlated positively with the duration of disease and the electrophysiological abnormalities, and negatively with the CD4 count.

However, there was no information on the medical status of patients with HIV, duration of the disease, and

why hsCRP levels were higher in the patient group. The patients were in the active phase of infection. We think that these are important data for the study.

Conflict of Interest Statement

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Author Contributions

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