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Long QT and Stroke

Georg Röggl^a, Bernadetta Moser^b

^aDepartment of Internal Medicine, General Hospital of Neunkirchen, Neunkirchen, Austria; ^bDepartment of Intensive Care Medicine, General Hospital of Bozen, Bozen, Italy

The most readable manuscript by Tatschl et al. [1] on QT prolongation in patients with acute stroke and insular involvement draws attention to cardiac pathologies which follow stroke in contrast to the majority of trials which are more focused on cardiac diseases as a risk factor for stroke. The authors conclude that continuous ECG monitoring should be mandatory in patients with acute stroke. Although in our view this manuscript is of great interest, we do not agree with the authors that this conclusion is sufficiently supported by reported data. The authors report only the proportion of patients with QTc prolongation of >0.46 s in women and 0.44 s in men. Without knowing the measured QTc times, it is difficult for the reader to evaluate the risk of an acute cardiac event for stroke patients. QT interval prolongation is incontrovertibly linked to an increased risk of arrhythmias but, paradoxically, QT interval prolongation can also be an effective antiarrhythmic strategy and is in fact the goal of class III antiarrhythmic drugs [2]. Even moderate QTc prolongation is associated with an elevated all-cause mortality, but this refers to long-term mortality over decades and not to short-term mortality in the stroke unit [3]. Only extensive QTc prolongation predicts acute cardiac complications [4]. Although only few trials report

the incidence of cardiac complications in acute stroke, acute myocardial infarction or arrhythmias requiring treatment have up to now been considered to be relatively infrequent [5]. Continuous cardiac monitoring is considered to be a level IV recommendation (undetermined level of evidence; small uncontrolled case series of general agreement despite lack of evidence) by the European Stroke Initiative [6]. Future research will have to prove the clinical importance and monitoring implications of the findings of Tatschl et al.

References

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Prim. Univ. Doz. Dr. Georg Röggl
Abteilung für Innere Medizin, AKH Neunkirchen
Peischingerstrasse 19
AT-2620 Neunkirchen (Austria)
Tel. +43 2635 602 2319, Fax +43 2635 602 3559
E-Mail roeggla.interne@khneunkirchen.at

Erratum

In the special article 'Recommendations for the Management of Intracranial Haemorrhage – Part I: Spontaneous Intracerebral Haemorrhage' (*Cerebrovasc Dis* 2006;22: 294–316) the listing of the authors should be specified as follows: Thorsten Steiner (Heidelberg), Markku Kaste (Helsinki), Michael Forsting (Essen), David Mendelow (Newcastle), Hubert Kwiecinski (Warsaw), Istvan Szikora (Budapest), Seppo Juvela (Helsinki), Andrzej Marchel (Warsaw), René Chapot (Limoges), Christophe Cognard (Toulouse), Andreas Unterberg (Heidelberg), Werner Hacke (Heidelberg).