

Letter by Gnechi-Ruscone and Guazzi Regarding Article, “Duration of QRS Complex in Resting Electrocardiogram Is a Predictor of Sudden Cardiac Death in Men”

To the Editor:

We read with interest the article by Kurl et al¹ investigating the interaction between prolongation of QRS and risk of sudden death. Different degrees of QRS elongation are shown to be predictive of an increase in the risk of sudden death, and these observations are broadly consistent with previous ones. However, it is relevant to know the rate of change in the underlying QRS pattern, ie, whether there is a right, left, or undetermined incomplete bundle-branch block, and which may better help to define individuals at higher risk. Previous evidence has made clear that the predictability of QRS actually is dependent on the pattern of intraventricular block,² and there is also the suggestion that an overall increase in QRS duration (≥ 110 ms), irrespective of the complete or incomplete bundle branch criteria, may define the increased risk of arrhythmic death. This information seems demanding and may certainly alert the practicing clinician to subsequent steps in an evaluation.

Also, Krul et al¹ provide an assessment of left ventricular systolic function based on fiber fractional shortening, a measure that does not seem to be a satisfactory or modern approach to the definition of left ventricular contractility. This index has been criticized especially because of the limited ability to detect global changes in contractility in patients with left ventricular remodeling and altered chamber shape. In addition, as the authors acknowledged in the limitations section of their article, fiber fractional shortening was obtained

reliably in a small portion of the total population (39%). A few comments about these observations would enrich the discussion of the simple but well-performing clinical approach to the prevention of sudden death among the general population.

Disclosures

None.

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