The final issue is the effect of MR. Pozzoli et al. (5) reported that the PCWP can be reliably estimated by combining mitral inflow and pulmonary venous flow velocities even when MR was present. Although they have not evaluated PV-DT, the investigators have reported that the correlation between mitral deceleration time and PCWP was stronger in patients without MR. Furthermore, they have limited their results to apply to patients without atrial arrhythmias or tachycardia.

Thus, we conclude that the evaluation of the PV-DT for estimating PCWP is most useful in patients without MR with sinus rhythm and a relatively slower heart rate. As suggested by Drs. Arques and Roux, we believe that the improvement in the quality of pulmonary venous Doppler flow profile obtained by transthoracic techniques will enhance the future use of PV flow in clinical practice.

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REFERENCES


Glycoprotein IIb/IIIa Inhibitors and the Guidelines for Treatment of Non–ST-Elevation Myocardial Infarction

In a recent study published in the Journal (1) Peterson et al. found that with regard to use of glycoprotein (GP) IIb/IIIa inhibitors there was a low adherence to American College of Cardiology/American Heart Association guidelines (published in 2000) for treatment of non–ST-elevation myocardial infarction (2), and they...