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THE AUTHORS REPLY

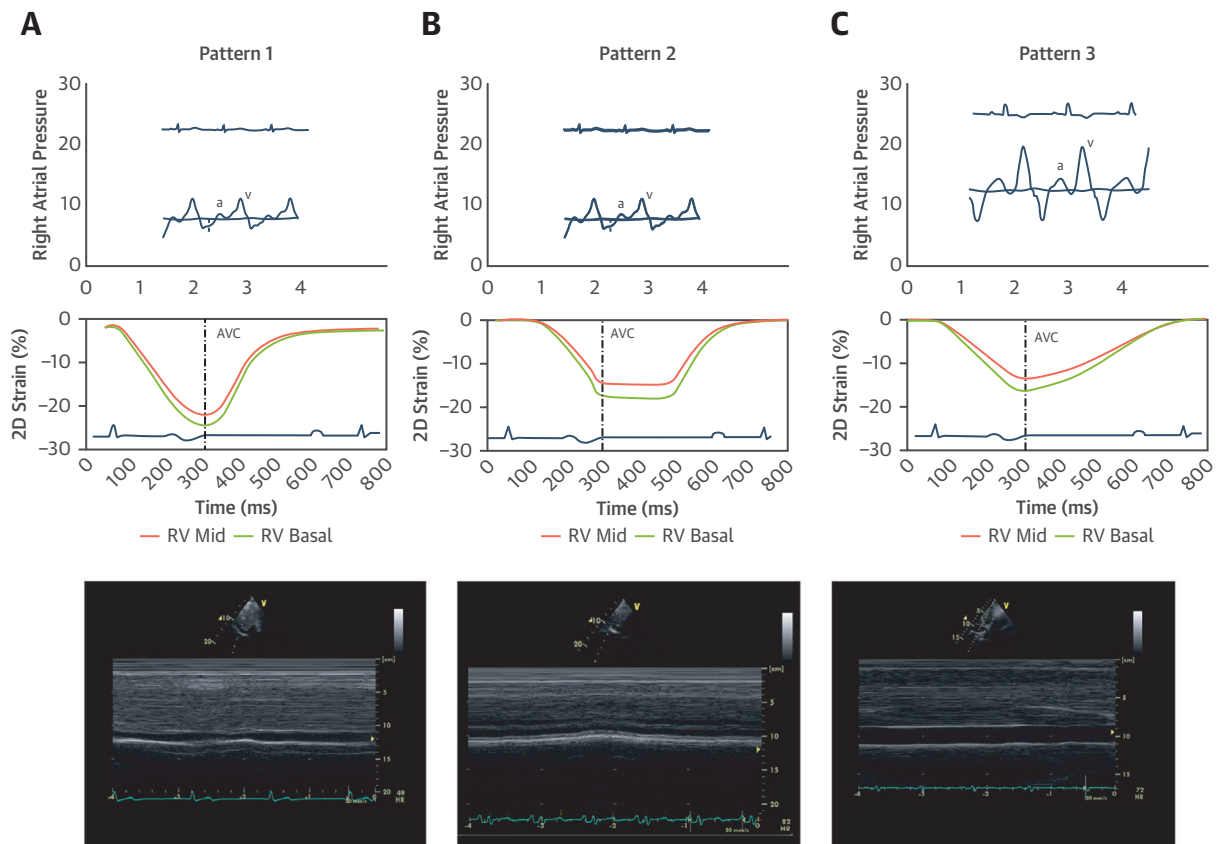


We thank Dr. Flachskampf for his attentive reading of our recent report on risk assessment and longitudinal strain patterns of the right ventricular free wall in pulmonary arterial hypertension (1). He is right about the inaccuracies in the Central Illustration (Figure). It is curious indeed that the M-mode echocardiographic shots for patterns I, II, and III, carry the exact same time marker, although patterns I and II are clearly different from pattern III, in which huge dilation of the inferior vena cava appears. After rechecking our

files, we think this is related to known bugs and issues of the archive imaging system of the echocardiographic remote workstation. Images from historical stored files may report the same time marker when saved together from the same workstation depending on different vendors. Dr. Flachskampf also rightly points to the imperfect lining up of the electrocardiographic and right atrial pressure traces. The pressure trace should indeed be moved forward on the trace of the schematic illustration to allow the P wave and QRS complex to precede the “a-c” and “v” pressure waves.

We are reassured that despite these inaccuracies, for which we apologize, Dr. Flachskampf nevertheless enjoyed reading our publication. We certainly agree with him that attentive reading down to the smallest details is essential to good debates and strengthening the conclusions of scientific reports. We are comforted that small inaccuracies in the Central Illustration (Figure) of our work do not alter its conclusions

FIGURE Right Atrial Pressure Curves and Inferior Vena Cava Size Based on Strain-Derived RV Post-Systolic Patterns



The corresponding RAP curve and IVC size are reported for each pattern. (A) Pattern 1. (B) Pattern 2. (C) Pattern 3. 2D = 2-dimensional; AVC = aortic valve closure; RV = right ventricle.

about the diagnostic and prognostic relevance of right ventricular strain-derived post-systolic patterns (1) and more generally the importance of imaging in the assessment of patients with pulmonary arterial hypertension (2,3).

Roberto Badagliacca, MD, PhD*

Beatrice Pezzuto, MD, PhD

Silvia Papa, MD

Robert Naeije, MD, PhD

Carmine Dario Vizza, MD

*Sapienza University of Rome

Cardiovascular and Respiratory Science

Pulmonary Hypertension Centre

Viale del Policlinico 155

00161 Rome

Italy

E-mail: roberto.badagliacca@uniroma1.it

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The authors attest they are in compliance with human studies committees and animal welfare regulations of the authors' institutions and Food and Drug Administration guidelines, including patient consent where appropriate. For more information, visit the [Author Center](#).

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