

LETTERS TO THE EDITOR

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N-acetylcysteine for the prevention of postoperative atrial fibrillation: a prospective, randomized, placebo-controlled pilot study

I read with great interest the article by Ozaydin *et al.*¹ recently published in *European Heart Journal*. They briefly compared N-acetylcysteine (NAC) therapy for prevention of postoperative atrial fibrillation (AF) by a randomized, placebo-controlled study and showed that NAC significantly decreased the incidence of postoperative AF. Only three patients in the NAC group, as opposed to 12 patients in the control group, developed AF ($P = 0.01$). Table 3 shows the follow-up findings and the median duration as well as the range of AF episodes of both groups. The range of AF duration in the NAC group was between 10 and 96 min, whereas it was between 1 and 240 min for control patients. Although the authors accepted an AF episode lasting longer than 5 min as endpoint, it seems that patients with AF episodes <5 min duration were also included in the control group, according to Table 3. If it is so, we may then conclude that the number of control patients with AF episodes was overestimated, indicating a selection bias because some of them had AF episodes <5 min duration. However, this is not the case in NAC patients because all of them had AF episodes of >5 min duration (range, 10–96 min). This means that some of the patients with AF duration <5 min were included in the control group to increase the number of patients with AF and cause statistical significance. Additionally, the technique by which the patients were observed or monitored in intensive care unit was not clearly described. Whether the rhythm was continuously recorded by telemetry and Holter as well as rhythm strips were retrospectively evaluated at a later date by blinded investigators should be clearly described within the text, because short episodes of AF with 1 or 2 min even >5 min duration might certainly be overlooked just by watching the monitor and taking ECGs.

Reference

1. Ozaydin M, Peker O, Erdogan D, Kapan S, Turker Y, Varol E, Ozguner F, Dogan A, Ibrsim E. N-acetylcysteine for the prevention of postoperative atrial fibrillation: a prospective, randomized, placebo-controlled pilot study. *Eur Heart J* 2008;**29**:625–331.

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N-acetylcysteine for the prevention of postoperative atrial fibrillation: a prospective, randomized, placebo-controlled pilot study: reply

We would like to thank Dr Erdogan for his careful reading and his kind interest in our manuscript.¹ As he stated in his letter, although an AF duration of >5 min was accepted as endpoint in the study, it seems that patients with AF episodes <5 min duration were also included in the control group according to Table 3.

We excluded the patients with an AF duration of <5 min, and none of the patients in either group had an AF episode of <5 min. We would like to thank Dr Erdogan for helping us to correct a mistake: although it seems that the range of duration in control group is 1–240 min (Table 3), however, it is actually 10–240 min. We realized that we made a typing error while preparing the manuscript. We apologize for the mistake.

The rhythm was continuously recorded by telemetry during the first 2 postoperative days in the intensive care unit. It was continuously monitored and alarm-triggered abnormal rhythms were printed out by cardiac surgery team, which was not included in the study. The printouts of abnormal rhythms were consulted with blinded cardiologists.

Rhythm strips were also retrospectively evaluated and reviewed on a daily basis by blinded cardiologists.

Reference

1. Ozaydin M, Peker O, Erdogan D, Kapan S, Turker Y, Varol E, Ozguner F, Dogan A, Ibrsim E. N-acetylcysteine for the prevention of postoperative atrial fibrillation: a prospective, randomized, placebo-controlled pilot study. *Eur Heart J* 2008;**29**:625–631.

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The new European definition of cardiomyopathies: which space for muscle dystrophies?

I read with interest the new classification of the cardiomyopathies of the European Society of Cardiology¹ and the Editorial of Thiene *et al.*² In relation with new knowledge of genetic alterations and with terrific progress in imaging techniques of the recent years, this issue is very controversial and the European classification differs deeply from similar classification formulated from the American Heart Association in 2006.³ The effort of the European Society of Cardiology Working Group on Myocardial and Pericardial Diseases shall be acknowledged with enthusiasm since cardiomyopathy subtypes are characterized and the concept of new, unclassified cardiomyopathies is introduced. The European Working Group defines cardiomyopathy as 'a myocardial disorder in which heart muscle is structurally and functionally