**Letters to the Editor**

Stroke welcomes Letters to the Editor and will publish them, if suitable, as space permits. They should not exceed 750 words (excluding references) and may be subject to editing or abridgment. Please submit letters in duplicate, typed double-spaced. Include a fax number for the corresponding author and a completed copyright transfer agreement form (published in every issue).

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**Stroke in China**

*To the Editor:*

I read with interest the important article on proportion of different subtypes of stroke in China. However, it was unclear to me if stroke due to paradoxical embolism was included or excluded in the study. Because paradoxical embolism is a frequent cause of stroke in the young and because paradoxical embolism is nowadays a preventable disease, the knowledge of its frequency in China is extremely important to provide a scientific basis for making an appropriate stroke prevention strategy in the most populous country in the world.

Paradoxical embolism refers to arterial embolization of a venous thrombus via a patent foramen ovale, atrial septal defect, or fenestrated atrial septal aneurysm. Paradoxical embolism is easily diagnosable nowadays by contrast echocardiography. In a recent report published in the same issue of *Stroke*, a patent foramen ovale, atrial septal aneurysm, the Eustachian valve and right atrial filamentous strands, all of which favor paradoxical embolism, are significantly more prevalent among whites and Hispanics than blacks. Thus, such an ethnic difference renders the recognition of their frequency among the Chinese of even greater significance as an important risk factor for stroke in China.

Tsung O. Cheng, MD
Division of Cardiology
George Washington University Medical Center
Washington, DC

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Tsung O. Cheng

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