To the Editor:

We read with interest the article by de Bruijn et al comparing transesophageal and transthoracic echocardiography (TEE versus TTE) for the evaluation of TIA or stroke.1 We congratulate the investigators on this important study. TEE proved superior to TTE for identification of a cardiac embolic source in patients with TIA or stroke without a definite cause and without a preexisting indication or contraindication for anticoagulation. We are perplexed by their findings of a remarkably high prevalence of thrombus in the left atrial (LA) appendage (38/231, 16%) and a relatively low prevalence of patent foramen ovale (12/231, 5%). They refer to a previous study by Leung et al where TEE was performed on 236 consecutive stroke patients with normal TTE without atrial fibrillation.2 Not one thrombus was identified in the LA appendage. Even in patients with abnormal TTE, the prevalence of thrombus in the LA appendage was only 8% (49/588). In this study, PFO was identified in 13% of patients. A population-based study using TEE found PFO in 20% of people.3 Does some difference in technique, definitions, or population explain these discrepancies? For instance, older TEE probes (monoplane and biplane) were used in nearly half of the cases from the previously quoted study,2 whereas de Bruijn et al used exclusively multiplane.1 If this difference in technique is the explanation, why was the prevalence of PFO so low? The investigators’ answer will influence how their results can be generalized to other settings. Indeed, a major conclusion from this study could be that most, if not all, patients with new stroke or TIA should undergo transesophageal echocardiography.

Disclosures

None.

Edward A. Gill, Jr, MD
Division of Cardiology
Department of Medicine
University of Washington School of Medicine
Seattle, Wash

W.T. Longstreth, Jr, MD
Kyra J. Becker, MD
David L. Tirschwell, MD
Department of Neurology
University of Washington School of Medicine
Seattle, Wash


