Response to Letter Regarding Article, “Embolic Stroke of Undetermined Source in the Athens Stroke Registry: A Descriptive Analysis”

As it is mentioned in our article, 142 (51.6%) patients with Embolic Stroke of Undetermined Source (ESUS) had a 24-hour ambulatory Holter monitoring, whereas 195 (70.9%) ESUS patients had continuous electrocardiographic (ECG) monitoring for 1 week or until discharge from the stroke unit. For the latter patients, continuous ECG monitoring was observed by the trained nurse personnel of the acute stroke unit and intermittently analyzed by the treating physician.

Mahagne et al1 point to the group of our patients who had only continuous ECG monitoring (but not an ambulatory 24-hour Holter monitoring) and comment that “it is not possible to classify patients in ESUS group if these minimal cardiac investigations are not performed.”

We disagree with this opinion. It was previously shown by the Heidelberg group that the use of Holter (for a period of 24 hours) does not provide any additional benefit compared with continuous monitoring with intermittent analysis by trained staff alone.2 In particular, among the entire population of 370 patients with ischemic stroke or transient ischemic attack, no patient with atrial fibrillation (AF) would have been overseen performing only the continuous ECG monitoring.3 What is even more striking in this study is that compared with the 24-hour Holter monitoring, the prolonged (ie, during entire hospitalization because it was also the case in our study) continuous ECG monitoring lead to significantly higher detection rate of AF.4 In particular, ≥85% of patients with a newly diagnosed AF detected by prolonged continuous ECG monitoring would have been overseen by performing only the 24-hour Holter monitoring.5

Therefore, we think that our strategy for the detection of covert AF, as described in the Methods section of our recent article, is not suboptimal compared with the minimal requirement of a 24-hour ambulatory Holter monitoring but rather perhaps superior. This is also supported by our data where the rate of detection of covert AF during the postdischarge follow-up was numerically higher in ESUS patients who had only prolonged continuous ECG monitoring during hospitalization compared with ESUS patients who had only an ambulatory 24-hour ambulatory Holter monitoring (27.5% versus 30.8%; P=0.64).

Disclosures

None.

George Ntaios, MD
Department of Medicine
Larissa University Hospital
School of Medicine
University of Thessaly
Larissa, Greece

Konstantinos Vemmos, MD
Department of Clinical Therapeutics
Medical School of Athens
Alexandra Hospital
Athens, Greece

References


Response to Letter Regarding Article, "Embolic Stroke of Undetermined Source in the Athens Stroke Registry: A Descriptive Analysis"
George Ntaios and Konstantinos Vemmos

Stroke. 2015;46:e70; originally published online January 27, 2015; doi: 10.1161/STROKEAHA.114.008577
Stroke is published by the American Heart Association, 7272 Greenville Avenue, Dallas, TX 75231
Copyright © 2015 American Heart Association, Inc. All rights reserved.
Print ISSN: 0039-2499. Online ISSN: 1524-4628

The online version of this article, along with updated information and services, is located on the World Wide Web at:
http://stroke.ahajournals.org/content/46/3/e70

Permissions: Requests for permissions to reproduce figures, tables, or portions of articles originally published in Stroke can be obtained via RightsLink, a service of the Copyright Clearance Center, not the Editorial Office. Once the online version of the published article for which permission is being requested is located, click Request Permissions in the middle column of the Web page under Services. Further information about this process is available in the Permissions and Rights Question and Answer document.

Reprints: Information about reprints can be found online at:
http://www.lww.com/reprints

Subscriptions: Information about subscribing to Stroke is online at:
http://stroke.ahajournals.org//subscriptions/