

Letters to the Editor

Sir,

We read with interest the recent report by Dr Gerlis and his colleagues.¹ Both patients reported had complete atrioventricular block, the first case after surgical repair of an atrioventricular septal defect, and the second following surgical correction of tetralogy of Fallot. In both cases, the right-sided atrium received normally connected systemic veins. We ask one question, and make one comment:

- What is the cause of death? Arrhythmia? Some dysfunction of the permanent pacemaker? Can information be provided concerning the route and type of pacemaker implanted?
- We reported that, when complete heart block was found in the setting of isomeric left appendages, the QRS complex was narrow, and the P waves had a characteristic superior axis.² From the clinical point of view, this superior axis of the P waves in the frontal plane is characteristic of left isomerism. Was information available about the P wave axis in these two patients?

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References

1. Gerlis LM, Dura-Vila G, Ho, SY. Isomeric arrangement of the left atrial appendages and visceral heterotaxy: two atypical cases. *Cardiol Young* 2000;10: 140–144.
2. Roguin N, Pelled B, Freundlich E, Yahalom M, Riss E. Atrioventricular block in situs ambiguus and left isomerism (polysplenic syndrome). *Pace* 1984; 7: 18–22

The letter was shown to the authors, who replied as follows:

Sir,

We regret that we are unable to provide any information on the pertinent questions raised by Roguin and Aydinalp. In both of our cases, death had been sudden and unexpected, and dysfunction of the pacemakers was considered to be a possible cause. The two hearts had been referred to us from distant hospitals, and the second patient had died 14 years ago.

Unfortunately, requests for details of clinical investigations and pacemaker status produced no response. As our knowledge of the conduction activity of these cases was so incomplete, we restricted our report to the morphological aspects.

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