

Letter to the Editor

doi:10.1093/eurheartj/ehl384

Left ventricular outflow tract obstruction and sudden death in hypertrophic cardiomyopathy: reply

We have read with interest the accompanying letter from Elliott *et al.*, which is a response to our editorial,¹ which itself was commissioned as a response to the Elliott *et al.*² paper in the June 5 issue of the Journal. Surprisingly, however, the authors have not even attempted to answer or rebut the substantive clinical points raised in our editorial, which we assume was the justification for their additional correspondence.

The central issue of this controversy, as we see it, is that Elliott *et al.* published a paper that could well be misleading to the practising cardiovascular community and lead to widespread application and excessive as well as unnecessary numbers of defibrillators implanted in patients with obstructive hypertrophic cardiomyopathy (HCM). Indeed, the authors' promotion of left ventricular outflow obstruction as a strong independent risk factor for sudden death could result in defibrillators implanted in most patients with this disease, in light of recent findings that HCM should be regarded as a predominantly obstructive disease.³ Not only would this strategy be imprudent, but

it is even unsubstantiated by the data of Elliott *et al.* and also our previously published paper,⁴ in which we concluded that outflow obstruction should not be regarded as a primary risk factor for sudden death in HCM.

We feel strongly that this view should be clearly stated here once again to the readership, as we did in our editorial that accompanied the original paper of Elliott *et al.*,² now that this controversy has been extended into an exchange of letters. We do not agree with Elliott *et al.* that this debate can be solved simply by more collaboration between institutions and investigators, as they suggest. As we have emphasized before, treatment guidelines for the HCM population have frequently been fraught with a large measure of confusion. Now that the ICD provides a reasonable aspiration for prevention of sudden death in young people, more now than ever before, patients with HCM deserve clear and prudent treatment guidelines to achieve this important goal.

References

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