

## Strain can hide some states

To the Editor,

We read the article entitled as "Speckle-tracking strain assessment of left ventricular dysfunction in synthetic cannabinoid and heroin users" with great interest (1). We congratulate the authors for performing such a trial regarding addictive substance and strain echocardiography and have some minor comments regarding the trial methodology. Authors have stated that "the trial was prospective and double-blind...". We suggest that the authors may use "observational case-control study" and "unawareness" instead of "prospective" and "double-blind". As we know, the main problem in observational studies is the presence of confounders and selection bias, which are prevented in randomized controlled trials through randomization and blinding. In addition, the authors concluded that SCBs are potential cause of subclinical LV dysfunction; however, reducing the levels of some LV strain parameters within the normal range might not indicate subclinical LV dysfunction, and the clinical significance of a small amount of decrease in the LV strain is unclear. We may not exclude the chance factor for statistical significance (p value) because of low sample size and low control number.

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### Reference

- Demirkıran A, Albayrak N, Albayrak Y, Zorkun CS. Speckle-tracking strain assessment of left ventricular dysfunction in synthetic cannabinoid and heroin users. *Anatol J Cardiol* 2018; 19: 388-93.

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### Author's Reply

To the Editor,

We sincerely thank the author(s) for their interest and valuable comments on our manuscript titled "Speckle-tracking strain assess-

ment of left ventricular dysfunction in synthetic cannabinoid and heroin users" that published in *Anatol J Cardiol* 2018; 19: 388-93 (1) and their extremely constructive feedback. In their comments, they have raised important points from their aspects and encouraged us to look at our science from different perspectives. We certainly keep their comments and proposals in mind and may consider them for future study design. We have used the word "potential" to indicate "the unknown and uncertain points on this subject" and "to avoid excluding the chance factor, therefore possible misunderstandings".

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### Reference

- Demirkıran A, Albayrak N, Albayrak Y, Zorkun CS. Speckle-tracking strain assessment of left ventricular dysfunction in synthetic cannabinoid and heroin users. *Anatol J Cardiol* 2018; 19: 388-93.

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## Bizarre ST elevation

To the Editor,

We have read the case report with great interest (1). We have some comments regarding the electrocardiography ST elevation pattern presented in the report. We have a little suspicion about an alternate diagnosis. There are near-identical electrocardiography samples in different case reports with the diagnosis of hypertrophic cardiomyopathy (2, 3). Presence of notching at precordial lead V3 may support anterolateral or apical hypertrophic cardiomyopathy. Further, presence of fibrosis at apical or anterolateral hypertrophic cardiomyopathy on cardiac magnetic resonance imaging (MRI) is consistent with notching at lead V3 (4). In this case, authors did not mention about cardiac MRI. If they performed cardiac MRI in this patient, results may suggest apical or anterolateral hypertrophic cardiomyopathy. In addition, we know that obtaining good echocardiographic image in older patients is difficult. Therefore, taking good image at unusual localization of hypertrophic car-