

Letter to the Editor

Left atrial appendage morphology and thromboembolic risk in atrial fibrillation

Dear Editor,

We have read the article of Tang et al, entitled "The correlation between the mouth diameter of left atrial appendage and stroke risk score in patients with atrial fibrillation" with great interest¹. Authors investigated the correlation between the mouth diameter of left atrial appendage (LAA) and stroke risk score in patients with atrial fibrillation (AF), to find the effective ways to improve diagnosis and treatment level. As a result, different types of AF are correlated with the mouth diameter of LAA, however, the mouth diameter of LAA in paroxysmal AF and persistent AF or long-standing persistent AF were not correlated with CHADS2 score and CHADS2-VASc score. We congratulate the authors for this study.

Nevertheless, there are a few question marks about the study. LAA is a structure with important effects on atrial contraction, which originates from the left atrium and has different numbers of lobes. LAA was evaluated morphologically in studies. The classification of general LAA morphology included ChickenWing type, WindSock, Cauliflower type, and Cactus type².

In multicenter studies, it was shown that there was a strong correlation between LAA morphological structure and history of stroke/TIA, independent from the type of atrial fibrillation. Moreover, there was a strong relation between LAA of a certain morphology and stroke, not only in patients with a CHADS2 score > 2, but also in the ones with a CHADS2 score of 0-1^{3,4}.

In conclusion, classification of LAA can be made visually with regards to previous studies that have shown the relation between LAA morphology and stroke in patients with atrial fibrillation; we think, it would make the study more valuable if Tang et al mention about LAA morphology in their studies.

Conflict of Interest

The Authors declare that there are no conflicts of interest.

References

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