Firstly, the diagnosis of rheumatoid diseases may have been delayed in some patients because of individual and sociocultural differences in the patient group in the current study and also because the indication for intervention may have been delayed in some patients. As the risk of coronary artery disease (CAD) accompanying this age group is high, we added CAD to the exclusion criteria. At the beginning of the study, the patients were evaluated, and coronary angiography was performed in eight patients. The angiograph was found to be consistent with CAD in six patients, and these were not included in the study. CAG was indicated in the one-year follow-up of five patients, and severe vascular occlusion was detected in three of them; they were excluded from the study. A total of four patients who had non-critical stenosis were included to the study. As these patients would not directly affect the study data, they were not further mentioned in the text.

Secondly, as you have mentioned, the effects of parameters such as systolic and diastolic blood pressures and heart rate on many echocardiographic data are inevitable. Thus, homogeneity was achieved in basal and follow-up parameters. There is no statistically significant difference between the basal and follow-up values in patients included in the study.

Thirdly, as mentioned in the last ACC/AHA valve guideline, measurement of valve area with pressure half-time (PHT) is not recommended immediately after percutaneous mitral balloon valvuloplasty (PMBV) (2) because many factors such as heart rate, cardiac output, left atrial pressure, and mitral regurgitation could affect this measurement (3). Different results have been obtained in previous studies related to this subject. When Chen et al. (4) compared measurements taken immediately after PMBV with the Gorlin formula, they found significant differences, but they also found measurements performed 48–72 h after PMBV close to the Gorlin formula. Pitsavos et al. (5) performed their interventions in a retrograde manner to exclude the left atrial decompression effect of iatrogenic ASD, and they found that PHT measurements taken 48–72 h after the retrograde intervention was similar to the Gorlin measurements; they attributed this to the iatrogenic ASD. In the current study, we also planned to take the measurements 48–72 h after PMBV by considering the differences that could develop during the acute period immediately after PMBV. This may be the reason the PHT and planimetric measurements were similar. The mechanism of this may be acute changes in the left atrium and left ventricle compliance, which develop because of dramatic changes in transmitral gradient immediately after PMBV. We know that iatrogenic ASD produced during the procedure usually has no clinical importance teorically and causes left-to-right shunt in a small percentage of patients. Thus, it is difficult to explain the contribution of iatrogenic ASD to the decrease in transmitral gradient through left atrial decompression. Furthermore, Pitsavos et al. (5) took the measurements 48–72 hours after the procedure.

Finally, to expect AF development in mitral stenosis is not a surprise. In the current study to more homogenously evaluate left ventricle function, we included patients who are in sinus rhythm and we excluded those in whom AF developed during the follow-up.

**Sinan İnci**
**Department of Cardiology, Aksaray State Hospital; Aksaray-*Turkey***

## Author`s Reply

To the Editor,

We thank you for your interest and positive reviews on our article entitled "Effect of percutaneous mitral balloon valvuloplasty on right ventricular functions in mitral stenosis: Short- and mid-term results" (1) published in the Anatol J Cardiol 2015; 15: 289-96.

## References

1. Inci S, Erol MK, Bakırcı EM, Hamur H, Değirmenci H, Duman H, et al. Effect of percutaneous mitral balloon valvuloplasty on right ventricular functions

in mitral stenosis: Short- and mid-term results. Anatol J Cardiol 2015; 15: 289-96. [CrossRef]
2. Nishimura RA, Otto CM, Bonow RO, Carabello BA, Erwin JP 3rd, Guyton RA, et al. 2014 AHA/ACC guideline for the management of patients with valvular heart disease: executive summary: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines. J Am Coll Cardiol 2014; 63: 2438-88. [CrossRef]
3. Hatle L, Angelsen B, Tromsdal A. Noninvasive assessment of atrioventricular pressure half-time by Doppler ultrasound. Circulation 1979; 60: 1096-104. [CrossRef]
4. Chen CG, Wang YP, Guo BL, Lin YS. Reliability of the Doppler pressure half-time method for assessing effects of percutaneous mitral balloon valvuloplasty. J Am Coll Cardiol 1989; 13: 1309-13. [CrossRef]
5. Pitsavos CE, Stefanadis CI, Stratos CG, Lambrou SG, Toutouzas KP, Barbetseas ID, et al. Assessment of accuracy of the Doppler pressure half-time method in the estimation of the mitral valve area immediately after balloon mitral valvuloplasty. Eur Heart J 1997; 18: 455-63. [CrossRef]

**Address for Correspondence:** Dr. Sinan İnci
Aksaray Devlet Hastanesi Zafer Mah. Nevşehir Cad. No:117 Aksaray-*Türkiye*
E-mail: doktorsinaninci@gmail.com