



Assessing left ventricular diastolic function in prone position

Filippo Sanfilippo¹ · Luigi La Via^{1,2} · Veronica Dezio^{1,2} · Simone Messina³ · Marinella Astuto^{1,2}

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Reply to: Critical care echocardiography in prone position patients during COVID-19 pandemic: a feasibility study. Ugalde D et al. *Journal of Ultrasound* 2022 Feb 28;1–5. <https://doi.org/10.1007/s40477-022-00652-9>

Dear Editor,

We read with interest the study presented by Ugalde et al. showing the feasibility of echocardiographic examination in a prone position in a population of COVID-19 patients on mechanical ventilation [1]. We applaud the authors that performed advanced critical care echocardiography exams in this challenging population of patients. The study has important clinical implications, since the alternative to the transthoracic approach would be to perform transesophageal echocardiography, which is usually reserved for selected patient populations in general intensive care [2]. Moreover, intensive care physicians less commonly master transesophageal echocardiography, and the associated risks of contamination in COVID-19 patients should be considered as well.

However, we believe that some clarifications by the authors are needed. First, the authors reported data on left ventricular diastolic function (LVDF) but they did not show data on left atrial volume, which is one of the four key variables for the assessment of LVDF according to the most recent guidelines [3]. Therefore, it remains unclear whether they used these guidelines, or alternatively a simplified approach based on *E*-wave velocity and the *E/e* ratio.

Second, interpretation of this echocardiography study would benefit from of full observance of the PRICES (“Preferred Reporting Items for Critical-care Echocardiography

Studies”) guidelines published at the end of 2020 and suggesting the items that should be reported when describing critical care echocardiography scientific research [4, 5]. Full adherence to the PRICES checklist and in particular to the items suggested as “essential” may simplify a between-study comparison with new scientific research performed and provide external validation to the study by Ugalde et al. [1].

Declarations

Conflict of interest The authors declare no conflict of interest related to the present letter.

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✉ Filippo Sanfilippo
filipposanfi@yahoo.it

¹ Department of Anesthesiology and Intensive Care, AOU ‘Policlinico-San Marco’, Catania, Italy

² School of Specialization in Anesthesiology and Intensive Care, University of Catania, Catania, Italy

³ School of Specialization in Anesthesiology and Intensive Care, University ‘Magna Graecia’, Catanzaro, Italy