Author`s Reply

To the Editor,

The authors sincerely thank the colleague from Turkey for his interest in the original article entitled "Echocardiographic evolution of pulmonary hypertension in female patients with hyperthyroidism" published in September 2018 in the Anatolian Journal of Cardiology (1) and we value his appreciation.

We revealed an increased prevalence of pulmonary hypertension in patients with hyperthyroidism through a more thorough echocardiographic evaluation of these patients, because we have always considered the cardiovascular complication associated with this pathology as a very interesting and important topic.

We determined the estimated systolic pulmonary artery pressure (sPAP) by transthoracic echocardiography, according to guideline recommendations (2, 3), based on the peak tricuspid regurgitation and taking into account the right atrial pressure (RAP). We regret that it was not clearly stated how we estimated RAP in the methods section of our article (1). For sPAP assessment, we relied on the determination of inferior vena cava (IVC) diameters as well as on its respiratory variations; an IVC diameter <2.1 cm that collapsed >50% with a sniff suggested a normal RAP of 3 mm Hg, whereas an IVC diameter >2.1 cm that collapsed <50% with a sniff or <20% on inspiration suggested a high RAP of 15 mm Hg.

We agree with our colleague that the diameter and respiratory variations of IVC are more accurate for the estimation of RAP while assessing PAPs, rather than the use of fixed values of 5 or 10 mm Hg.

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