

Dear Editor,

It is a great pleasure to receive two valuable comments about our article regarding sudden cardiac death (SCD) in young athletes from two well known experts working in the field of preparticipation evaluation and prevention of sports injuries. We, as authors, generally agree with both authors' comments. However, some considerations should be re-emphasized here.

Dr. Patel has mentioned potential paraclinical measures to identify athletes at risk, including electrocardiography (ECG), 2-D echocardiogram, genetic testing, Holter monitoring, cardiac magnetic resonance imaging (MRI), tissue Doppler, sodium channel blocker challenge, and adenosine challenge test. However, as he has elucidated, most of these paraclinical tools are not cost-effective or accessible for screening purposes in large populations. The problem may be more prominent in most Asian developing countries where financial limitation is usually an issue. Using ECG as a required screening tool seems to be prudent<sup>[1,2]</sup>, even though the false positive cases (as high as 40%)<sup>[3]</sup> may warrant more investigations<sup>[4]</sup>. I think it would be more practical to set criteria for considering ECG or even echocardiography in predetermined athletes according to sport disciplines (based on the level of contact and static or dynamic demands), age, ethnic background, level of competition, and frequency of preparticipation evaluations.

Dr Womack has expressed his concerns regarding the plausibility of implementing universal screening programs for all Asian countries. It is obvious that launching a uniform method for preparticipation

screening all around the continent would be a nonrealistic optimism, considering significant incongruity of economic, cultural and health parameters between Asian countries<sup>[5]</sup>. However, like World Health Organization (WHO) which use the policy of "Think globally, act locally, and collaborate internationally" in its main health promotion projects, it may be sensible to encourage studies about incidence and etiology of SCD in different Asian countries, set up an efficient continental data registry system for SCD cases, and finally design a screening program flexible with special needs and limitations of different countries. Of course, as healthcare systems vary widely among different countries, preventive strategies must be designed accordingly.

In conclusion, it seems that using ECG in the screening programs of athletes, especially elite competitors, may enhance the efficiency of the current preventive evaluations. Also, more attention should be given to the special needs and limitations of Asian countries.

**Key Words:** Sudden Cardiac Death; Athletes; Asia

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