Diastolic dysfunction in the critically ill patient. Response from the authors

Disfunción diástólica en el paciente crítico. Respuesta de los autores

Dear Editor,

We thank P. Blanco¹ for their comments on our manuscript published in your journal² and would like to clarify the points raised.

First, it is important to take into account the new recommendations for the evaluation of left ventricular diastolic function by Echocardiography recently published.³ This new recommendations are based not only in transmitral flow patterns and Tissue Doppler, but besides in 2-D echocardiography and continuous Doppler of tricuspid regurgitation jet. The purpose of the new recommendations is to be more specific to avoid confounding circumstances.

Secondly, although the recommendations do not include lung ultrasound in the assessment of diastolic dysfunction, we express our total agreement with the integration of lung ultrasound and echocardiography to evaluate the critically ill patients, as P. Blanco refers in his letter to the editor. This is just another example that allows us to remark the need for the intensive care specialist to receive a proper training in ultrasound.

References


J. Carlos Suárez, P. López, J. Mancebo, L. Zapata∗

Servicio de Medicina Intensiva, Hospital de la Santa Creu i Sant Pau, Universitat Autònoma de Barcelona, Barcelona, Spain

∗Corresponding author.
E-mail address: LZapata@santpau.cat (L. Zapata).

http://dx.doi.org/10.1016/j.medin.2016.12.008 0210-5691/
© 2017 Elsevier España, S.L.U. y SEMICYUC. All rights reserved.