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Letter to the Editor

Electrocardiographic indexes of arrhythmic risk in polycystic ovary syndrome

Dear Editor,

Akdag et al[1] by investigating several P-wave parameters and the QT interval have recently showed an increased P wave dispersion (PD) and QT dispersion (QTd) in patients affected by polycystic ovary syndrome (PCOS). As acknowledged by the Authors, this population exhibits a high prevalence of cardiac and stroke events and interestingly it shows many risk factors in common with atrial fibrillation. However, it should be noted that in other clinical scenarios, P-wave parameters, other than P-wave dispersion, are risk predictors of supraventricular arrhythmias and notably of stroke[2-4]. Specifically, we refer to P-wave duration – the hallmark of interatrial block (IAB)[5,6] – that Akdag et al measured but not discussed, losing the opportunity to firstly report the prevalence of IAB in this population with high risk of atrial arrhythmias. Moreover, by analyzing the P-wave morphology in inferior leads, they could identify the advanced form of IAB, which is a stronger electrocardiographic predictor of atrial fibrillation and embolic stroke than P-wave duration[6]. Furthermore, we suggest to the Authors to complete the electrocardiographic analysis in their PCOS population analyzing the JT dispersion (JTd) and the T peak-end interval dispersion (TDR), that reflect the regional and transmural ventricular repolarization heterogeneity better than QT dispersion and may be clinically useful in assessing sudden cardiac death risk, as we showed in other clinical conditions[7-10]. Of outstanding interest might be the correlation between serum testosterone and estradiol levels and P-wave duration, JT and T peak-end dispersion so adding strength to Akdag's findings.

Conflict of Interest

The Authors declare that they have no conflict of interests.

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