Letter to the Editor

Ewha Med J 2023;46(2):e4
https://doi.org/10.12771/emj.2023.e4
eISSN 2234-2591

Letter to the Editor: Giant Cardiac Rhabdomyoma with Mixed Atrial Tachycardia and Nonsustained Ventricular Tachycardia in a Newborn with Tuberous Sclerosis

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We found the article "Giant Cardiac Rhabdomyoma with Mixed Atrial Tachycardia and Nonsustained Ventricular Tachycardia in a Newborn with Tuberous Sclerosis" published by Kyung Hee Kim and Ji-Eun Ban published in your highly valued journal to be really intriguing [1].

The tuberous sclerosis is a rare systemic genetic disease which affects multiple organs and systems and requires precise diagnosis and a multidisciplinary treatment. According to Zhang et al. the prenatal or early postnatal diagnosis provides an opportunity for adequate treatment, which greatly improves the possibility of normal development of the child [2].

We agree with much of what the respected authors have stated. Based on our experience and literature review, we would like to make some clarifications that would further enrich the publication. In the article there is no clear information regarding the sequence and the progress of the pregnancy, the age of the mother as well as weather she has other diseased children. It is not mentioned whether other congenital anomalies (of the brain, kidneys, etc.) are diagnosed prenatally in addition to the cardiac tumor.

It has been reported that the ultrasound examination is not always informative enough regarding cerebral or kidney damage, therefore it is necessary to perform magnetic resonance imaging to identify subependymal lesions, such as giant cell astrocytoma [3]. Prenatal fetal genetic examination is advisable to detect large deletions of *TSC2* and *PKD1* genes [3].

A parental genetic examination is also required for establishing whether the disease is inherited or occur sporadically. The tuberous sclerosis is inherited in an autosomal dominant manner with high penetrance, which would allow to make a prediction of a possible subsequent pregnancy.

Pregnancies complicated by the presence of maternal or fetal tuberous sclerosis require greater vigilance, and the mechanisms underlying the increased perinatal distress require further studies [2].

It is not clear by the article why an autopsy was not performed on the deceased child, which

would certainly have established both the histological nature of the heart tumor and any additional pathological findings, as well as the cause of the fatal outcome of the child.

The mentioned comments in no way detract from the value of the presented publication, which emphasizes the diagnosis and treatment of atrial and ventricular tachyarrhythmias.

Acknowledgments

Not applicable.

Conflict of Interest

No potential conflict of interest relevant to this article was reported.

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Writing – Review & Editing: Kitova T, Angelova P, Uchikova E, Kitov B

Ethics Approval and Consent to Participate

Not applicable.

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