Authors Reply:

We thank Dr. Vecih Oduncu for the comments about our article on balloon mitral valvotomy (BMV) and atrial fibrillation (AF). Atrial fibrillation is associated with long-standing advanced mitral stenosis, which can affect the outcome of BMV adversely.¹ Atrial fibrillation identifies a subpopulation of patients with comorbidities including advanced age, heart failure, prior intervention, and calcific and deformed valves.

Apart from the long-standing left atrial hypertension resulting in structural changes in the left atrium, an ongoing rheumatic process may be contributing to the progression of the disease and development of AF.² The need for re-do intervention, including the re-do BMV in our study, was significantly higher in the AF group,¹ stressing the possibility of increased occurrence of restenosis.

The writer has pointed out that inflammation has a role in the progression of rheumatic heart disease.³ We agree with that observation, and it may be true that inflammation can hasten restenosis as well. We had also earlier reported that those patients who developed valve tear and mitral regurgitation following BMV had friable valves as a result of ongoing inflammation.⁴ We found that the erythrocyte sedimentation rate, a marker of inflammation, was significantly higher in those patients.⁴

Another possible reason for a bad outcome in AF is due to the presence of pulmonary hypertension (PH). PH is

associated with a bad outcome following BMV.⁵ Patients with AF had a higher mean pulmonary pressure as reported by us.¹ In addition, there is an established link between PH and inflammation.⁶

Therefore, more studies linking the role of inflammation in rheumatic heart disease are needed to address these issues.

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