Letters to the Editor must not exceed 400 words in length and must be limited to three authors and five references. They should not have tables or figures and should relate solely to an article published in Circulation within the preceding 12 weeks. Authors of letters selected for publication will receive prepublication proofs, and authors of the article cited in the letter will be invited to reply. Replies must be signed by all authors listed in the original publication. Please submit three typewritten, double-spaced copies of the letter to Herbert L. Fred, MD, % the Circulation Editorial Office. Letters will not be returned.

Frequency of Atrial Septal Aneurysm in Patients With Cerebral Ischemic Events
To the Editor:

We read with great interest the article by Agmon et al, which was a transesophageal echocardiographic study comparing the frequency of atrial septal aneurysm (ASA) in patients with cerebral ischemic stroke with a large group from the general population. They found that the odds of ASA were 3.65 times greater (95% confidence interval, 1.64 to 8.13) in patients than in controls after adjustment for age and sex. The frequency of patent foramen ovale (PFO) in patients and controls with ASA was similar (~56%); however, the frequency of PFO among patients and controls without ASA was not reported. Given that a large right-to-left shunt due to PFO is associated both with ASA and an increased risk of ischemic stroke, the authors should have given the odds of ASA adjusted for the presence of PFO. It is possible that ASA is only an anatomical defect associated with PFO and does not have a pathophysiological role of its own. This fact is important not only from an etiopathogenic point of view but also from a practical one. A noninvasive diagnostic procedure, such as transcranial Doppler, which cannot detect ASA but is highly accurate in the diagnosis of PFO, may be sufficient as a screening test in stroke patients.

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Circulation. 2000;102:e27
doi: 10.1161/01.CIR.102.4.e27
Circulation is published by the American Heart Association, 7272 Greenville Avenue, Dallas, TX 75231
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Print ISSN: 0009-7322. Online ISSN: 1524-4539

The online version of this article, along with updated information and services, is located on the
World Wide Web at:
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