

# Response by Beach et al to Letter Regarding Article, "Idiopathic Ventricular Fibrillation in a 29-Year-Old Man"

*In Response:*

Thank you for your interest in our article and for your keen observations.<sup>1</sup> The word limitations for case reports precluded a detailed description of the case. You appropriately raise the issue of arrhythmogenic right ventricular cardiomyopathy in view of the premature ventricular contraction origin. However, apart from high-density premature ventricular contractions, there were no other major or minor criteria supporting this diagnosis. In addition, limited endocardial voltage mapping in the region of the triggering premature ventricular contraction was normal. You also appropriately raised the possibility of catecholaminergic polymorphic ventricular tachycardia in view of the *RYR2* mutation found. However, all episodes of ventricular arrhythmia occurred at rest, there was no family history of exercise-related syncope or sudden death, and an exercise stress test performed 3 weeks after his ablation was unremarkable. We do not know long-term outcomes for these patients, but mid-term follow-up of patients with successful ablation has suggested an excellent prognosis.<sup>2</sup> We felt that a myocardial biopsy at this stage would be a low-yield procedure in view of the normal cardiac magnetic resonance study. Thanks again for your interest and cogent comments.

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**DISCLOSURES**

None.

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