LETTERS TO THE EDITOR

Iatrogenic atrioventricular bypass tract following a Fontan operation for tricuspid atresia

Sir,—We read with interest the article by Rosenthal et al.1 that describes the creation of a functioning accessory connection by anastomosis of the atrial appendage to the right ventricular outflow tract in a patient with tricuspid atresia. We would like to draw the authors’ attention to the previous description of this complication.2 The patient in our report had electrocardiographic evidence of pre-excitation, recurrant supraventricular tachycardia, and successful surgical ablation of the functioning atrioventricular connection. We also reported that three of 21 patients with the Björk modification3 had new evidence of pre-excitation following surgery. We agree with Rosenthal et al that the patient reported by Case et al 4 was probably the second description of this interesting complication.

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Flecainide levels—a cautionary note

Sir,—Monitoring blood levels of flecainide is essential particularly when administered to children. A three year old who presented with polymorphic ventricular tachycardia with episodes of syncope had her arrhythmia controlled with a combination of propranolol and flecainide. Trough blood levels of flecainide ranged 320 to 700 (target range 200-700) when she was on a dose of 2 mg/kg/day in two divided doses. The reported blood level remained high despite reducing the dose of flecainide. Published data has transpired that the laboratory carrying out the assay was using high performance liquid chromatography that was also detecting florescence from the contaminant use of propranolol.

Using gas chromatography instead, it was possible to separate the blood levels of the two antiarrhythmic drugs demonstrating a subtherapeutic level of flecainide. It is, therefore, important for the laboratory to be aware of all drugs being administered at the time of sampling and, equally, for clinicians to be aware of the type of assay used for sensible interpretation and sound clinical decision.

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