to children. A three year old who presented with polymorphic ventricular tachycardia episodes of syncope had her arrhythmia controlled with a combination of propafenone and flecainide. Trough blood levels of flecainide ranged 320 to 700 mg/kg/day in two divided doses. The reported blood level remained high despite reducing the dose of flecainide. We have shown that the laboratory was using high performance liquid chromatography that was also detecting fluorescence from the concomitant use of propafenone.

Using gas chromatography, 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 sensitive interpretation and sound clinical decision.

Scope

Heart welcomes letters commenting on papers published in the journal in the previous six months. Topics not related to papers published earlier in the journal may be introduced as a letter: letters reporting original data may be sent for peer review.

Presentation

Letters should be:

- not more than 600 words and six references in length
- typed in double spacing (fax copies and paper copy only)
- signed by all authors.

They may contain short tables or a small figure. Please send a copy of your letter on disk. Full instructions to authors appear in the July 1997 issue of Heart (page 97).

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, recurrent supraventricular tachycardia, and successful surgical ablation of the functioning atrioventricular connection. We also reported that three of 21 patients with the Birkj modification1 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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