[LETTERS TO THE EDITOR]

Associated Factors with Left Atrial Enlargement in Patients with Acute Ischemic Stroke

Key words: ischemic stroke, brain natriuretic peptide, D-dimer

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To the Editor We greatly enjoyed reading the recently published article by Kim et al. (1). The authors found that the serum D-dimer levels were significantly associated with left atrial enlargement in anticoagulation-naïve patients with acute ischemic stroke and non-valvular atrial fibrillation. A number of studies have indicated the role of D-dimer in the stroke diagnosis, progression, and mortality (2, 3). Plasma D-dimer levels, due to their good correlation with the prognosis of acute stroke according to previous studies and their early and easy availability, have been shown to be a good candidate biomarker for the prognosis of acute stroke (2, 3). Brain natriuretic peptide (BNP) is also frequently elevated after an acute stroke and has been shown to be an independent predictor of mortality and a biological marker for distinguishing cardioembolic stroke from other stroke subtypes (4). Tamura et al. suggested that elevated plasma BNP concentrations may be a reliable surrogate marker for the prediction of left atrial appendage dysfunction and cardio-genic stroke in patients with acute ischemic stroke (5). Rost et al. also showed that elevated BNP was associated with a lower ejection fraction and left atrial dilatation in patients with acute ischemic stroke (6). We would therefore be grateful if the authors would provide the data for BNP levels on admission and their relationship with the serum D-dimer levels in patients with acute ischemic stroke.

The authors state that they have no Conflict of Interest (COI).

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