

Diastolic dysfunction in the critically ill patient. Response from the authors

Disfunción diastólica en el paciente crítico. Respuesta de los autores

Dear Editor,

We thank P. Blanco¹ for their comments on our manuscript published in your journal² and would like to clarify the points raised.

First, it is important to take into account the new recommendations for the evaluation of left ventricular diastolic function by Echocardiography recently published.³ This new recommendations are based not only in transmitral flow patterns and Tissue Doppler, but besides in 2-D echocardiography and continuous Doppler of tricuspid regurgitation jet. The purpose of the new recommendations is to be more specific to avoid confounding circumstances.

Secondly, although the recommendations do not include lung ultrasound in the assessment of diastolic dysfunction, we express our total agreement with the integration of lung ultrasound and echocardiography to evaluate de critically ill patients, as P. Blanco refers in his letter to the editor. This is just another example that allows us to remark the need

for the intensive care specialist to receive a proper training in ultrasound.

References

1. Blanco P. Lung ultrasound and echocardiogram: a useful duet. Carta al editor. *Med Intensiva*. 2017;41:197.
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3. Nagueh SF, Smiseth OA, Appleton CP, Byrd BF, Dokainish H, Edvardsen T, et al. Recommendations for the Evaluation of Left Ventricular Diastolic Function by Echocardiography: an update from the American Society of Echocardiography and the European Association of Cardiovascular Imaging. *J Am Soc Echocardiogr*. 2016;29:277–314.

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