are the diseases most frequently associated with LVHT\(^7\) and because
of the uncertainty whether the \textit{ACTC1} alteration is a polymorphism
or a pathogenic mutation. It would also be worthwhile to conduct a
neurological examination in family members who did not show
LVHT. Were creatine-kinase serum levels normal in all investigated
patients?

Overall, this interesting report could benefit from clarification
of some inconsistencies. It is also important to discuss the absence
of LVHT on echocardiography in patient IV:1. The more details that
are provided about patients or families with LVHT, the more likely
the cryptogenic pathogenesis of this still enigmatic myocardial
abnormality will be clarified.

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\section*{The Genetic Background of Left Ventricular
Hypertrabeculation/Noncompaction Remains
Vague. Response}

\section*{El trasfondo genético de la hipertrabiculación/miocardioapatía no
compactada ventricular izquierda sigue sin estar claro.
Respuesta}

\section*{To the Editor,}

We appreciate the comments by Drs Finsterer and Zarrouk-
Mahjoub.

These authors seem to question the genetic basis of left
ventricular noncompaction (LVNC), contradicting the position of
the European Society of Cardiology/American Heart Association
(ESC/AHA).\(^1\)\(^–\)\(^3\) Although helpful, functional studies are not
routinely performed. Instead, evidence in the literature, cosegrega-
tion, consequences in the protein and in silico studies are usually
employed (as we did). Mutation carriers may not exhibit the
phenotype because of an incomplete penetrance\(^2\) and diagnostic
difficulties, such as different sets of criteria, suboptimal echocar-
diographic quality and reproducibility,\(^3\) and unavailable magnetic
resonance imaging.

Is LVNC acquired? Can it disappear? These issues are unre-
solved\(^2,\)\(^4\) and have not been addressed.

In silico studies are not the only data to assess a mutation.
Additional information supported the pathogenic effect of
\textit{ACTC1} \textit{I280T} (third paragraph, page 859). The genetic heterogeneity
of LVNC is unquestionable.\(^2,\)\(^3\)

The preferred term is LVNC (PubMed) and the ESC considers
“hypertrabeculation” to be incorrect.\(^5\) Even so, the abovementioned authors prefer LVHT. We use LVNC if the criteria are
fulfilled and hypertrabeculation (see the Figure in the paper by

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