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Letter to the Editor

Dear Editor,

We enjoyed the open access book entitled *Myocarditis* that you recently edited. Anyhow, we would like to make some comments regarding the chapter (18th) wrote by Pieroni, Smaldone and Belloci, entitled “*Myocarditis presenting with ventricular arrhythmias: role of electroanatomical mapping-guided endomyocardial biopsy in differential diagnosis*”.

In several parts of this chapter Pieroni et al. emphasize their pioneering role (1) in the development of a new diagnostic technique: the endomyocardial biopsy (EMB) guided by electroanatomical voltage mapping.

We are positively impressed by the great interest of Pieroni et al. for this “innovative strategy for performing EMB...”. Anyhow, we would like to clarify some crucial aspects regarding the development of this novel EMB approach.

I) The voltage mapping-guided EMB approach has been indeed developed at St.Camillo-Forlanini Hospital in Rome by Dr.Andrea Avella since 2003, with the collaboration of the cardiac pathologist Prof. Giulia d’Amati, who performed the histologic validation of the technique.

II) To the best of our knowledge, this voltage-guided EMB approach was formally described for the first time in 2007 by our group in a report (2) dealing with the case of a young athlete with arrhythmogenic right ventricular cardiomyopathy (ARVC), undetectable with conventional diagnostic techniques. This case report was realized with the active participation of Dr.Antonio Dello Russo (formerly senior staff cardiologist at Catholic University in Rome) and under the supervision of Prof. Claudio Tondo (formerly chief of the Cardiac Arrhythmia Center at St.Camillo-Forlanini Hospital in Rome).

III) In 2008 we published (3) the first report assessing the feasibility of voltage mapping-guided EMB in a series of 16 consecutive patients, “enrolled between January 2003 and June 2007”, with clinical evidence or suspicion for ARVC. In the same issue of the Journal of Cardiovascular Electrophysiology (presenting an image of our study on the cover page) an accompanying editorial comment by Hauer and Cox (4) particularly highlighted the important diagnostic yield which the voltage-guided EMB had provided above all in the early stages of ARVC, often undetectable with conventional standardized diagnostic criteria.

IV) Most data described in our article had been previously presented by our group in several scientific sessions (5-8).

Surprisingly, in the chapter of *Myocarditis* written by Pieroni et al. the Authors seem to ignore our experiences, chronologically preceding their one, but at the same time they cite our study only to erroneously report a rate of major and minor complications respectively of 1.1% and 5.7%. It is our pleasure to remark that we had no major complications in our study (3), reporting only a minimal asymptomatic pericardial effusion in two patients and a moderate femoral hematomas, due to incidental arterial puncture, in another patient.

Notably, some of the uncorrect statements of Pieroni et al. have been already critized in a preceding “Letter to the Editor” that we published on the Journal of the American College of Cardiology in 2009 (9).

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