

DOI: 10.4274/ijca.2026.52714

Int J Cardiovasc Acad 2026;12(3):178-179

Letter to the Editor: A Study of Clinical Profile, Chest X-ray, ECG Changes, and 2D Echocardiography in Patients with Chronic Cor Pulmonale

 Fulya Avcı Demir

Department of Cardiology, İstinye University Faculty of Medicine, İstanbul; Medicalpark Antalya Hospital, Antalya, Türkiye

Keywords: Cor pulmonale, electrocardiography, echocardiography, right heart

To the Editor,

I read with interest the article by Haq et al.^[1] titled “A study of clinical profile, chest X-ray, ECG changes, and 2D echocardiography in patients with chronic cor pulmonale,” published in the recent issue of the *International Journal of Cardiovascular Academy*. The authors provide a pragmatic evaluation of chronic cor pulmonale (CCP), emphasising that conventional diagnostic findings retain considerable significance, particularly in settings characterised by resource limitations.^[1]

What caught my attention was that all patients in this group had right atrial (RA) and right ventricular (RV) dilatation. This is a sobering clinical observation, suggesting that CCP is often a “silent traveler” diagnosed only in its advanced stages.^[1] The study effectively highlights the diagnostic value of fundamental tools; specifically, the prevalence of dyspnoea and peripheral oedema as primary clinical markers, the presence of “P-pulmonale” and right axis deviation on electrocardiography, and the classic radiographic signs of pulmonary artery enlargement.^[1] These findings show that a high level of suspicion is important even before advanced imaging. While the authors’ focus on two-dimensional (2D) echocardiography

internal diameters is relevant, it also highlights the need to think about how we can improve our diagnosis.

The authors rightly emphasise that 2D echocardiography is the most accessible and time-effective diagnostic modality for these patients.^[1,2] Indeed, advanced modalities such as RV/RA longitudinal strain or three-dimensional (3D) volume analysis, while powerful, are often time-consuming, highly dependent on image quality, and require significant operator experience.^[3,4] In a busy clinical context, the simplicity of the 2D measurements employed in this study is likely to be the key factor contributing to their significant clinical utility.^[1]

From a constructive standpoint, however, it may be logical to consider a more multiparametric approach, if time and image quality permit. The integration of parameters such as tricuspid annular plane systolic excursion, tricuspid annular systolic velocity (S’ wave), fractional area change and RV deformation imaging (RV Strain), 3D RV assessment provides a more detailed understanding of RV systolic performance, even in the subclinical stages.^[3,5] Furthermore, the assessment of RA volume and RA deformation imaging can provide early indicators of pressure overload, even prior to the development of overt RV failure.^[3,4]

To cite this article: Avcı Demir F. Letter to the editor: a study of clinical profile, chest X-ray, ECG changes, and 2D echocardiography in patients with chronic cor pulmonale. Int J Cardiovasc Acad. 2026;12(3):178-179



Address for Correspondence: Assoc. Prof. Fulya Avcı Demir, Department of Cardiology, İstinye University, İstanbul; Medicalpark Antalya Hospital, Antalya, Türkiye
E-mail: fulyaavcidemir@gmail.com
ORCID ID: orcid.org/orcid.org/0000-0003-0608-595X

Received: 28.01.2026

Accepted: 02.08.2026

Epub: 06.08.2026

Publication Date: 29.09.2026



©Copyright 2026 Author(s). Published by Galenos Publishing House on behalf of the Cardiovascular Academy Society.
 Licensed by Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 (CC BY-NC-ND 4.0)

Congratulations to the authors for documenting this clinical profile so thoroughly. Their work provides a solid foundation for future research into the correlation between these simpler, accessible tools and newer, more advanced functional metrics.

Footnotes

The corresponding author(s) of the original article were contacted by e-mail on 3 February 2026, 18 March 2026, and 16 June 2026 and were given the opportunity to respond to this letter. However, despite repeated attempts, no response was received.

Financial Disclosure: The author declared that this study received no financial support.

REFERENCES

1. Haq MZU, Kadloor P, Bangi SMH. A study of clinical profile, chest X-ray, ECG changes, and 2D echocardiography in patients with chronic cor pulmonale. *Int J Cardiovasc Acad*. 2025;11:179-84.
2. Patil S, Patil S. Echocardiographic findings in patients with chronic obstructive pulmonary disease. *Int J Res Med Sci*. 2019;7:934-7.
3. Badano LP, Kolias TJ, Muraru D, Abraham TP, Aurigemma G, Edvardsen T, *et al.*; Industry representatives; Reviewers: This document was reviewed by members of the 2016-2018 EACVI Scientific Documents Committee. Standardization of left atrial, right ventricular, and right atrial deformation imaging using two-dimensional speckle tracking echocardiography: a consensus document of the EACVI/ASE/Industry Task Force to standardize deformation imaging. *Eur Heart J Cardiovasc Imaging*. 2018;19:591-600. Erratum in: *Eur Heart J Cardiovasc Imaging*. 2018;19:830-3.
4. Mandoli GE, Sciacaluga C, Bandera F, Cameli P, Esposito R, D'Andrea A, *et al.*; Working group of Echocardiography of Italian Society of Cardiology (SIC). Cor pulmonale: the role of traditional and advanced echocardiography in the acute and chronic settings. *Heart Fail Rev*. 2021;26:263-75.
5. Rudski LG, Lai WW, Afilalo J, Hua L, Handschumacher MD, Chandrasekaran K, *et al.* Guidelines for the echocardiographic assessment of the right heart in adults: a report from the American Society of Echocardiography endorsed by the European Association of Echocardiography, a registered branch of the European Society of Cardiology, and the Canadian Society of Echocardiography. *J Am Soc Echocardiogr*. 2010;23:685-713; quiz 786-8.