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Letter to Editor

Can Bedside Focused Ultrasonography Cause Confusion in Patient Diagnosis?

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Dear Editor,

We read with great interest the article “Diagnostic Evaluation of Patients Presenting with Dyspnea to the Emergency Department Using Bedside Focused Ultrasonography” written by Bozkurt and colleagues and published in the European Journal of Threapeutics Eur J Ther. 2025;31(3):137-145 (1). We would like to ask the authors some questions about the article and the study. Our first question to the authors is who performed the bedside ultrasound procedures, and are there any other confounding diagnoses that might be overlooked during diagnosis (such as chronic thromboembolism associated with acute heart failure, or flap failure with preserved ejection fraction associated with hyperclassificatory pulmonary edema). When diagnosing heart failure in patients, biomarkers such as BNP and NT-proBNP should be studied, particularly in heart failure with preserved ejection fraction also, whether evidence of cardiac structural and/or functional abnormalities consistent with the presence of LV diastolic dysfunction/raised LV filling pressures is checked on echocardiography (2). Whether patients diagnosed with pulmonary embolism have acute or chronic pulmonary embolism? If acute pulmonary embolism is present, whether the patients are hemodynamically stable or not should be specified. D-dimer should be measured first in hemodynamically stable patients. Right heart changes are not specific for pulmonary embolism (3). Specifically, in Table 3, an IVC diameter greater than 2.1 mm is included among the echocardiographic findings of right heart failure and pulmonary hypertension. However, could the fact that right ventricular dilatation was detected in only nine patients have caused diagnostic confusion? These are the questions we would like to ask politely of the esteemed authors.

Yours sincerely,

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