syringe is not a real concern. This is because the stopper/glass contact area, similar to any syringe design, is in the form of ribs, which will allow for a small size variation within the design tolerances. On top of this, the siliconization of our components lubricates the device in use, ensuring correct drug delivery.

The correspondence not only discusses the benefit of redesigning the plunger and stoppers on similar prefilled syringe products to what would effectively be a single piece but also comments that this might create a different suite of issues. AstraZeneca would agree with this latter point and comment that such a redesign would significantly reduce the viability of marketing such prefilled syringes, with the loss of the advantages in drug delivery these devices add to medical practice.

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Preoperative Electrocardiograms

To the Editor:

We read with interest the recent article by Correll *et al.*[1] about the use of preoperative electrocardiograms. The authors identified five clinical variables that constitute an independent risk factor for the presence of major electrocardiogram alterations. These variables could refine the criterion for preoperative electrocardiograms ordering.

We also believe that in patients with a family history of premature sudden death (< 35 yr of age at death), preoperative electrocardiogram should be considered. In fact, there is a familial cardiomyopathy, known as arrhythmogenic right ventricular dysplasia or cardiomyopathy, which is the major cause of sudden death in the young and athletes. Although arrhythmogenic right ventricular dysplasia or cardiomyopathy is quite a rare heart disease, it seems that it is also one of the main causes of sudden unexpected perioperative death.[2] In one series, among 50 forensic autopsies performed after perioperative death, arrhythmogenic right ventricular dysplasia or cardiomyopathy was detected in 18 patients.[3] All these patients were young (< 65 yr), with no previous cardiac history and underwent relative low-risk surgery. At least 50% of patients with arrhythmogenic right ventricular dysplasia or cardiomyopathy have an abnormal electrocardiograph at presentation, but within 6 yr of diagnosis, virtually all patients will have one or more of the following findings during sinus rhythm[4]: complete or incomplete right bundle branch block, QRS prolongation in the absence of right bundle branch block, epsilon wave in leads V1–V2, T-wave inversion in leads V1–V3, and delayed (*i.e.*, ≥ 55 ms) S-wave upstroke in leads V1–V3.

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The above letter was sent to the authors of the referenced report. The authors did not feel a response was required.—James C. Eisenach, Editor-in-Chief