invasive approach and whether it is used for the identification of the 3rd ventricular septal defects repair in adult patients.

References


eComment: A limited anterio-lateral minithoracotomy for congenital ventricular septal defects repair in adult patients

Authors: Jamshid H. Karimov, Department of Adult Cardiac Surgery, G. Pasquini Heart Hospital, Massa, Italy; Mattia Glauber

doi:10.1510/icvts.215038A

In this institutional report, the authors present their early experience in congenital ventricular septal defect repair in adult population using a minimally invasive technique [1].

Reading this paper some questions arise. You have mentioned the preoperative cardiac CT reconstruction; it would be interesting to know if you perform a CT-scan routinely for all patients scheduled for a minimally invasive approach and whether it is used for the identification of the 3rd intercostal space only or you employ some special selection criteria for candidates for this approach based on their preoperative cardiac CT-scan?

Do you use video assistance during the procedure or is direct vision sufficient for an adequate visualization? In our department, we always place a video camera, mainly for educational purposes (allowing a resident surgeon and operating team to follow the case) during a valve procedure in a minithoracotomy, as an operating surgeon performs the operation under direct vision.

You have stated some drawbacks of anterolateral minithoracotomy approach as for example a central aortic cannulation. In our opinion, a percutaneous venous cannula insertion and direct ascending aorta cannulation allows avoiding any additional complications associated with a peripheral cannulation. We employ a central aortic cannulation in all patients undergoing an isolated mitral or aortic valve surgery and double (mitral-aortic and mitral-tricuspid) valve procedure [2]. We experienced just a few complications at the initial phase of our experience and method seemed feasible and safe in all consecutive patients. In our department, we perform a femoral artery cannulation in allredo operations, cases with deformed or deep chest, short ascending aorta.

In this paper, Jung and associates report a safeness and effectiveness of the approach that serves to preserve the anatomic integrity of the chest wall, provide good cosmesis which are important qualities of this approach.

References


eComment: Re: Right or left anterolateral minithoracotomy for repair of congenital ventricular septal defects in adult patients

Authors: Leo A. Bockeria, Bakoulev Scientific Center for Cardiovascular Surgery, Roublevskoye Sh. 135, 121552 Russia; Alexey I. Kim, Dmitry V. Ryabtsev, Tigran R. Grigoryants
doi:10.1510/icvts.215038B

Minimally invasive cardiac surgery has become an important field in recent years [1]. The main reasons for that were cosmetic result and economic effect [2]. However, there are some restrictions such as strict patient selection by weight and age or intra- and extracardiac pathology. Also, comprehensive preoperative diagnostics are important to determine surgical approach and prevent inadequate exposure. In addition, multifocal atherosclerosis may lead to non-relevant complication due to peripheral cannulation technique admission. On the other hand, the given results illustrate the correct patient selection with a perfect operative technique and cosmetic effect.

References