We would like to thank Dr. Rescigno’s comments regarding treatment of sternotomy wound infection. Primary skin closure with suction drains after debridement of an infected sternotomy wound seemingly offers the advantage of a one-stage procedure and potentially shorter hospitalization. However, the authors indicated that this approach has only been applied to a diagnosis of superficial wound infection. No further technical details were provided such as the actual number of drains, their physical properties, the extent of suction used and how well distributed the negative pressure was. It will also be interesting to learn of the impact of multiple drains on patient’s discomfort and ultimate cosmesis. Vacuum assisted closure (VAC) fundamentally differs from their approach in several ways [1]: firstly it works well with both superficial and deep sternal wound infection so that an initial mis-diagnosis will not jeopardize subsequent management; secondly it allows for regular wound inspection with minimal trauma to the granulation tissue and also further debridement if necessary. Adequate and sometimes radical clearance of necrotic and infected materials remains the cornerstone of successful wound treatment. Sternal osteomyelitis and mediastinal involvement may develop or progress following initial wound inspection with devastating consequences. Primary closure creates an unnecessary obstacle to these targets. Thirdly complete wound closure can be achieved with VAC alone without resorting to advancement flaps or other reconstruction techniques which carry inherent complications. A longer treatment course is implicit with the VAC approach but evolving technology will still allow for earlier hospital discharge. A randomized comparison of the two techniques in treating superficial sternotomy wound infection may be justified.

References