Reply to the Letter to the Editor

Reply to Anderson

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Professor Anderson is indeed correct when he states that in the repair of truncus arteriosus, direct anastomosis between the right ventricle (RV) and the pulmonary artery (PA) to establish right ventricular outflow tract (RVOT) continuity was first described by Reid et al. [1]. Furthermore, the authors speculated that the technique might be advantageous in allowing potential for growth, and thus avoiding early reoperation. We acknowledge their important contribution. In our manuscript, we have identified several important aspects of this type of repair. We have described which anatomical subgroups are most suitable for such repair (subgroups IA and IIA). Furthermore, in their description, Reid et al. augmented the RV–PA anastomosis with a simple bovine pericardial patch, whereas in the majority of patients, we have used a homograft monocusp as the patch reconstruction. We believe that providing valve function and reducing the degree of pulmonary regurgitation may be advantageous in the perioperative period, particularly in infants with increased risk of pulmonary hypertension. Finally, we have demonstrated that compared with a valved conduit in the RVOT, the direct repair has an improved freedom from reoperation.

References