Reply to Almdahl

Leanne Harling*, Hutan Ashrafian and Thanos Athanasiou

Department of Surgery and Cancer, Imperial College Healthcare NHS Trust, Imperial College London, London, UK

* Corresponding author. Department of Surgery and Cancer, Imperial College London, 10th Floor QEQM Building, St Mary’s Hospital Campus, Praed Street, London W2 1NY, UK. Tel: +44-203-312-7651; e-mail: lleanne.harling@imperial.ac.uk (L. Harling).

Received 16 December 2013; accepted 18 December 2013

Keywords: Patch angioplasty • Coronary • Ostial stenosis • Aorta

We thank S.M. Almdahl for his discussion [1] regarding our manuscript on surgical patch angioplasty [2]. He presents their method of this technique on two subjects utilizing autologous aortic tissue. Surgical angioplasty was performed with an oval piece of non-diseased ascending aorta by suturing this as a coronary patch using Dion’s technique [3]. This has previously been described by Bilal et al. [4], who successfully employed a triangular piece of an autologous aortic patch for surgical angioplasty in 11 patients with follow-up ranging from 1 to 94 months. At a mean of 44-month follow-up, CT coronary angiography demonstrated a patent left main coronary artery in all patients [4]. Taken together, these operative series demonstrate the role of surgical patch angioplasty as a therapeutic option for ostial coronary disease and highlight the need for further research and clinical trial evidence in the application of this technique.

REFERENCES