


eComment. Further study needed

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We thank El Midany et al. [1] for their innovative paper on perioperative sildenafil therapy for pulmonary hypertension in infants undergoing congenital cardiac defect closure. As we know, ventricular septal defect (VSD) is associated with significant perioperative morbidity and mortality. The authors suggest that sildenafil is a good and simple alternative therapy for secondary hypertension, including persistent pulmonary hypertension which is associated with VSDs, particularly in resource limited areas. As the authors have correctly highlighted, there are no definite parameters regarding treatment of pulmonary hypertension in children. As such, they are trying to quantify, in graphical format, results which are reliant on a self-proposed baseline. Furthermore, the authors are restricted by the fact that they have only provided reference to a few similar studies. The study’s efficacy would be enhanced by performing a systematic review of the available literature surrounding the subject. There needs to be a full randomized controlled trial into the effectiveness of sildenafil in controlling pulmonary hypertension in children with congenital heart defects. We thank El Midany et al. for their interesting work into this area, and for highlighting the commencement of potential therapies for this patient cohort. Sildenafil would seem to be a possible viable adjuvant for postoperative pulmonary hypertension.

Conflict of interest: none declared.

Reference