for ascending aortic surgery with CPB support and cardiac arrest and/or hypothermic circulatory arrest.

Conflict of interest: none declared.

REFERENCES


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eComment. Ascending aorta wrapping with minimally invasive approaches

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We read with great interest the article by Pecoraro et al. The technique seems a safe alternative to open graft repair especially in old and polymorbid patients when compared with conventional aortic replacement with cardiopulmonary bypass [1].

The authors’ study population includes patients with certain comorbidities carrying increased risks for conventional aortic replacement. In the era of minimally invasive surgery, it is not difficult to reach the ascending aorta with a mini-ternotomy or thoracotomy. It is well documented that minimally invasive techniques reduce operative trauma and length of stay in the cardiac intensive care unit [2]. In addition, mini sternotomy decreases blood transfusion requirements, ventilation times and length of hospital stay [3]. Minimally invasive techniques are even more useful when there is no need for concomitant procedures and sole ascending aortic exposure is required.

We congratulate the authors for their successful management strategy in such a high-risk patient population; however, it would be more informative if the authors could kindly comment why they have not preferred minimally invasive approaches when the aim was only aortic wrapping.

Conflict of interest: none declared.

References