Reply to the Letter to the Editor

Reply to Spaggiari et al.

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Keywords: Pulmonary carcinoid tumor; Surgery; Positron emission tomography; Neuroendocrine tumor

We thank Mr. Spaggiari for his kind comments on our report.

In our institute we always do anatomical resection with radical lymph node dissection for carcinoid tumors of the lung.

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Letter to the Editor

Prospectively randomized evaluation of stented versus stentless aortic valve bioprostheses

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Keywords: Aortic valve replacement; Stentless bioprosthesis

We appreciate the attention that Walther et al. showed in our recent article and would like to point out the following issues in response to their comments.

Doss et al. describe a series of 40 patients divided into two groups of 20 patients each. They do not give any information on whether statisticians had calculated this number of patients to allow for meaningful analysis. The implanted valve size of 23 mm is the only subgroup where minimal requirements of at least ten patients per valve size are scarcely reached. Results on intraoperatively measured annular diameters to allow for true comparisons are not given. Furthermore, the article lacks information on indexed differences of left ventricular mass.

It is well accepted that regression of left ventricular hypertrophy occurs after conventional stented as well as after stentless aortic valve replacement. By means of a prospectively randomized trial on a larger cohort of patients, significantly enhanced left ventricular mass regression had been proven after stentless aortic valve replacement [2]. Whether enhanced left ventricular mass regression translates into improved long-term survival remains speculative at present.

References


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Reply to the Letter to the Editor

Reply to Walther and Falk

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Keywords: Aortic valve replacement; Stentless bioprosthesis

We appreciate the attention that Walther et al. showed in our recent article and would like to point out the following issues in response to their comments.

Walther and colleagues suggest that our patient cohort is too small to allow for a meaningful analysis. We disagree! Without employing any statistical tests, any clinician will agree, that there is no clinically relevant difference between a mean gradient of 6.5 mmHg and one of 7.4 mmHg, or an ejection fraction of 64.6% and one of 66.6%. Also, a posterior wall thickness of 1.32 cm or one of 1.26 cm has no clinical relevance for the patient. Medically speaking, we would expect to need at least 15–20% differences between the groups to get a clinical relevance. The differences between the groups however, are in the region of 1–2%.

Based on the relatively small sample size, after stentless aortic valve replacement.