Reply to the Letter to the Editor

Reply to Jung

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We thank the Editor for giving us the opportunity to reply to Dr Jung’s letter to the Editor [1].

We are aware of the important impact of blood sampling procedure in measuring circulating MMP and TIMP concentrations in peripheral blood. For this reason, we used a standardized protocol for serum sampling, defining the clotting time at 30 min following blood collection by venous puncture followed by centrifugation for 15 min at 1000 g, storing serum samples at 80 °C prior to analysis. The implementation of these procedures in the study avoids increased MMP levels due to longer clotting times or varying sample preparation procedures. We agree that there might be some methodological concerns associated with the use of serum MMP levels from patients for analysis of correlation with clinical disease associated parameters. However, the primary aim of this study was to investigate whether measurement of serum protein markers is related to clinical conditions following cardiac transplantation and was not to evaluate the best methodological approach to be used in the laboratory. In this context, there are numerous recently published articles describing the use of serum MMP levels in patients and their potential correlation with clinical parameters [2—4]. To our understanding, the most important issue in this context is that the same method is used throughout the study to enable the correlation of serum protein markers with clinical parameters. Even in the case where using serum MMP measurements results in high background levels in serum due to the release of these factors during blood sample preparation, it does not matter whether the absolute marker levels are low or high. The key issue is whether the marker level in a patient can be clearly associated with a clinical parameter or disease. Of course, comparison of the results from different studies has to take into account the different methods used. In conclusion, we think that our study provides important findings on the relationship between MMP and TIMP serum levels in cardiac transplantation and, as we already stated in the article, further investigations are necessary for the implementation of our results in clinical practice.

References


Letter to the Editor

Endovascular repair of type B aortic dissection: is it possible to prevent post-procedure complications?

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We read with great interest the article on secondary complications following endovascular repair of type B aortic dissection [1], which helps all surgical teams involved in this procedure. Nevertheless, on the basis of the following reported personal experience, we believe that some observations may be pointed out.

From January 2002 to July 2007, 11 patients underwent a thoracic endovascular stent-graft procedure for progressive type B aortic dissection at our institution. We circumscribed indication for treatment only on the evidence or high suspicion of impending aortic rupture and visceral and/or peripheral ischemia. Patients with severe hypertension and persistent pain were treated with aggressive medical therapy because of the conviction that primary conservative treatment determines a low incidence of aneurysm formation and rupture during the chronic phase [2]. CT-scan and angiography of the entire aorta were performed to determine the site of aortic tear and the relationship between dissection and aortic branches. Nine patients presented also signs of aortic ulceration and two left pleural effusion considered as suspicion of aortic rupture without hemodynamic instability. In all patients we used the Talent™ endoluminal stent-graft system (Medtronic Vascular Inc., Sunrise, FL, USA) and the left subclavian artery was crossed with the uncovered portion of the stent-graft in six cases and the covered segment in the other five