Reply to Neviere et al.

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We would like to take the opportunity to express our appreciation towards Neviere et al. [1] for their eloquent and detailed comments on our recent manuscript [2]. In our study, 1-year follow-up results from cardiopulmonary exercise tests were compared in patients and controls with preoperative results. We were able to demonstrate a significant rise in the maximum cardiac index in patients during the 1-year follow-up, but not equally in controls. We attributed this rise in cardiac index to a larger thoracic cavity postoperatively facilitating a larger stroke volume during submaximal exercise. Neviere et al. pointed out that the rise in cardiac index could be owed to a rise in maximal heart rate due to postoperative deconditioning.

However, we would like to point out that no significant rise was seen in the maximum heart rates in either patients or controls (Table 3). Secondly, no difference was noted in exercise habits between patients and controls 1 year following the operation. Furthermore, when examining the maximum stroke index (the body surface area-corrected stroke volume), we clearly stated that preoperatively, the maximum stroke index of the patients was significantly lower, but 1 year following the operation, no significant difference could be found between patients and controls. We are currently in the process of evaluating the same group 3 years postoperatively, after the Nuss bar has been removed, and it will be interesting to see if a complete normalization of all parameters is obtained.

REFERENCES