Reply to Girdauskas and Rouman

Jaroslav Benedik*, Daniel Wendt, Kevin Pilarczyk and Heinz Jakob

Department of Thoracic and Cardiovascular Surgery, West German Heart Center, University of Essen, Essen, Germany

* Corresponding author. Department of Thoracic and Cardiovascular Surgery, West German Heart Center, University Hospital Essen, Hufelandstrasse 5, D-45147 Essen, Germany. Tel: +49-201-72385578; fax: +49-201-7235451; email: jaroslav.benedik@uk-essen.de (J. Benedik).

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We have to thank the authors for their well-taken comments [1] on our manuscript [2]. In the following, we want to comment on their remarks. First of all, we want to remind them that our new dissectometer device is originally invented to evaluate the aortic wall cohesion just in time during open heart surgery. Therefore, this additional tool might directly influence the decision-making process during routine cardiac surgery by detecting potentially unstable aortic walls, which tend to dissect in the future. This examination should be performed intra-operatively, thereby allowing a direct modification of the initially planned surgical strategy.

An overall article combining all procedures is currently prepared by our group. In regards to bicuspid (BAV) and tricuspid (TAV) aortic valves and aortic wall cohesion, we want to refer to one of our articles, since, surprisingly, we did not observe any difference in aortic wall cohesion between BAV and TAV [3]. In the recent article of our group [2], we compared the aortic wall cohesion between aortic stenosis (AS) and regurgitation (AR). As one would expect, we found significant differences between both entities with lower aortic wall quality in AR patients.

We totally agree with their comments, since both of our cited articles enrolled consecutive patients and therefore, as a matter of fact, the latest article evaluating AS vs AR included more patients. However, in this evaluation, the total number of AR in combination with BAV was too low to perform a reasonable statistical analysis. Currently, we have collected and processed additional data of even more prospectively enrolled patients in order to increase the number of BAV in combination with AR allowing a detailed and meaningful statistical analysis in this regard.

REFERENCES