

Letter to the Editor

Dextroposition of the aorta in tetralogy of Fallot

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We are indebted to the reviewers for their contribution to the science, and the interest they showed to our article.¹

Criticisms of Dr Anderson have given the impression that we might not be able to elucidate our hypothesis very well, which suggested an aortic dextroposition ranging between 5% and 95%. Our relevant presentation “Dextroposition of aorta in tetralogy of Fallot”, which was submitted at the 2008 “World Congress of the World Society of Cardio-Thoracic Surgeons organised in Kos island, Greece”, and our investigation “Think twice while inserting a transannular patch” published in 2009³ are evidence of our interest in the subject of dextroposition of the aorta. We are not influenced by the 2010 edition of the authors’ textbook, as they have hinted.

Dr Anderson admitted that dextroposition of the aorta was not depicted in six of 10 drawings of tetralogy of Fallot in the first edition of his textbook. In figures 36-1, 36-4, 36-11, 36-12, 36-14, 36-15, and 36-19 in Chapter 36 of the third edition⁴ of his textbook, dextroposition of the aorta was not mentioned. In addition, the authors have not made any solution recommendations on the impact of dextroposition of the aorta on the timing and technique of the surgery.

Our opinion as cardiac surgeons is the necessity to clearly define dextroposition of aorta. We believe that this definition will change the timing and technique

of the surgery. Indeed, we also believe that the need for a “transannular patch” will be eliminated, in which case the timing and methods of interventional treatment modalities should be modified.

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