

wonder if the researchers randomly assigned the patients into the groups, or if there was a selection bias driven by mostly echocardiographic echogenicity. Although in the Methods section they mentioned that obese patients were excluded due to the vague transthoracic echocardiography acoustic window, they did not report this issue in the selected population. Therefore, the authors should address the above-mentioned concern in their paper. In conclusion, good echogenicity makes sole echocardiographic guidance a good alternative to both fluoroscopic and echocardiographic guidance, especially in the younger patient population. However, before the planned procedure, the operator should define the best candidate for this option.

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Author's Reply

To the Editor,

In our study (1) limitations, we had already shown that the number of cases was small, and there may have been selection bias. In addition, this was a retrospective rather than a randomized controlled prospective study. All these shortcomings limited the value of the article. Whether such method can be suc-

cessfully completed depended mainly on the images provided by transthoracic echocardiography (TTE). Perhaps because of the lean physique of the southern Chinese people, we found that using TTE could achieve satisfactory imaging for guiding device closure of atrial septal defect for most of the cases in our study. Meanwhile, some other papers supported the idea on device closure of ASD guiding by complete TTE (2, 3). However, for a few complex cases with poor images by TTE, we still used transesophageal echocardiography as the guiding tool. It is important to emphasize that we do not want to claim that the transthoracic method can replace the transcatheter method. The transthoracic method can be used as an alternative for those patients who are unable or unwilling to be exposed to radiation.

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