

Skeletonized internal thoracic artery/ The effects of internal thoracic artery preparation with intact pleura on respiratory function and patients' early outcomes

*Skeletonize internal torasik arter/ Plörotomi
yapılmaksızın internal torasik arter grefti hazırlan-
masının solunum fonksiyonları ve erken dönem
iyileşme periyodu üzerine etkileri*

Dear Editor,

First of all, I would like to congratulate Özkara et. al. (1) for the study published in the October 2008 issue of the journal. Results they have obtained in the study and, accordingly, positive effects of intact pleura on lung functions, have been indicated in former studies as well (1-4). However, there are some points that has gone unnoticed in this study.

When we consider the patient population in the study, the number of female patients especially in the group that pleura were opened (Group 2) is quantitatively larger than in the first group. As we know from clinical observations, pleura's opening incident is higher in female patients group. Is the fact that the patient population is high in Group 2 may affect the results of this is randomized study due to pleura's opening?

Postoperative drainage has been found lower in the group with intact pleura. Was there a difference between the groups in terms of pericardial fluid accumulation in the postoperative period?. Did authors see any case of pericardial effusion and/or tamponade?

Intact pleura is eventually closely related with skeletonized extraction of internal thoracic artery (ITA) (2). Even though this seems to be a desired technique, some thinks on the contrary (possibly due to the concern that ITA damage will be higher) and believes that it is better to extract as button.

Did authors observe postoperative pneumothorax in the group with intact pleura?

In most situations, it is not up to the surgeon to open pleura or keep it intact. Do you have any foresight as to how will this limited gain on lung functions in the early period change in late period?

To conclude, although keeping pleura intact seems to be a right choice, skeletonized ITA will always be subject to more traumas (2- 4). Would it be right to try and keep pleura intact nevertheless?

I would like to thank authors for their study and send my regards.

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References

1. Ozkara A, Hatemi A, Mert M, Köner O, Çetin G, Gürsoy M, et al. The effects of internal thoracic artery preparation with intact pleura on respiratory function and patients' early outcomes. *Anadolu Kardiyol Derg* 2008; 8:368-73.
2. Bonacchi M, Prifti E, Giunti G, Salica A, Frati G, Sani G. Respiratory dysfunction after coronary artery bypass grafting employing bilateral internal mammary arteries: the influence of intact pleura. *Eur J Cardiothorac Surg* 2001;19: 827-33.
3. Gökşin I, Baltalarlı A, Sacar M, Sungurtekin H, Özcan V, Gürses E, et al. Preservation of pleural integrity in patients undergoing coronary artery bypass grafting: effect on postoperative bleeding and respiratory function. *Acta Cardiol* 2006; 61: 89-94.

4. Türk T, Tiryakioğlu O, Vural AH, Ata Y, Selimoğlu Ö, Yavuz Ş. Effect of skeletonization on flow and length of internal thoracic artery. *Türk Göğüs Kalp Damar Cerrahisi Derg* 2005; 13: 112-4.

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Author Reply

Dear Editor,

First of all, we would like to thank the authors for their comments. We would like to answer their important questions.

In a study design, patients were allocated into two groups according to random numbers technique and patients genders were omitted, nevermore difference of males/females ratio of the two groups was not statistically significant. We also believe, this mild difference might have an influence on study results. But as mentioned above this difference is completely related to study design and randomization method.

We used same technique during internal thoracic artery (ITA) harvest in both groups, in pleurotomy group pleura was opened after ITA harvest so we compared semi-skeletonized ITA's.

Thank you very much for your comments.

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Re-operation for the mechanical valve obstruction with a beating heart technique in an elderly patient with compromised ventricular function

*Bozulmuş ventrikül fonksiyonlu yaşlı hastada çarpan
kalp tekniği ile mekanik kapak obstrüksiyonu için
reoperasyonu*

Dear Editor,

We would like to comment on the recent article by Dr. Çiçekcioğlu and colleagues (1) entitled "Re-operation for the mechanical valve obstruction with a beating heart technique in an elderly patient with compromised ventricular function". The differential diagnosis and management of prosthetic heart valve (PHV) related complications continue to be a confusing state at the present cardiological practice. Although transesophageal echocardiography (TEE) is known to be the most precious diagnostic tool in the evaluation of PHV obstruction (PHVO), the use TEE for the evaluation of the patient is lacking in the present study. Furthermore, although they have mentioned the thrombus formation was detected in the left atrium during the surgery they did not state the reason of PHVO.