Dear Editor,

We greatly appreciate the authors for their contribution to our study of published in The Anatolian Journal of Cardiology (1). They have emphasized on occurrence of sternal wound infections and dehiscence, and the use of bilateral internal mammary artery (IMA) grafts. This debate on whether use of bilateral IMA causes increased risk of sternal wound infections and/or dehiscence is still ongoing, in diabetic patients, in obese and non-obese patients. But briefly, in 2010, Arterial Revascularization Trial by Taggart et al. (2), it has been documented clearly that use of bilateral IMA (n:1548) caused a slight increase in requirement for sternal wound reconstruction compared to use of single IMA (n:1554). In our study, use of single IMA, actually left-sided, was 96.7% (n:530/548) in non-obese group whereas 97.1% (n:235/242) in obese group (p>0.05). Despite the low number of patients whom IMA was not used for various reasons (n:25), the disuse did not affect the requirement for revision or occurrence of sternal wound infections or dehiscence (p>0.05 for both).

In our study, we have not used any bilateral IMAs, therefore it is not possible to make assumptions on this subject.

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References