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Response: The Evolution of Lung Transplant Anesthesia

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Response: The Evolution of Lung Transplant Anesthesia

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Dear Dr Kaplan,

We would like to thank Dr Essandoh et al. for their interest in our paper “The Evolution of Lung Transplant Anesthesia” and their comments about the utility of transesophageal echocardiography (TEE) in assessing the pulmonary vein (PV) anastomosis for stenosis, a rare complication of lung transplantation^{1,2} and extremely rare in our institutional experience of almost two thousand lung transplants (80% bilateral). While the reported literature rate of early postoperative thrombosis may be as high as 15%³, the rate of intraoperative vascular anastomotic complications in one high volume centre was 1.8% (of which the majority of problems were pulmonary arterial not venous)¹. Since PV stenosis may manifest as primary

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