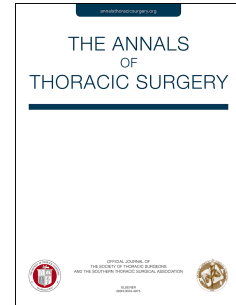


Accepted Manuscript

Self Expandable Stentless Valve Versus Rigid Stented Valve: The Matter Of The Right Comparison (Reply)

Oliver J. Liakopoulos, MD, Yeong-Hoon Choi, MD, Thorsten Wahlers, MD



PII: S0003-4975(18)30418-1

DOI: [10.1016/j.athoracsur.2018.02.077](https://doi.org/10.1016/j.athoracsur.2018.02.077)

Reference: ATS 31465

To appear in: *The Annals of Thoracic Surgery*

Received Date: 26 February 2018

Accepted Date: 26 February 2018

Please cite this article as: Liakopoulos OJ, Choi YH, Wahlers T, Self Expandable Stentless Valve Versus Rigid Stented Valve: The Matter Of The Right Comparison (Reply), *The Annals of Thoracic Surgery* (2018), doi: 10.1016/j.athoracsur.2018.02.077.

This is a PDF file of an unedited manuscript that has been accepted for publication. As a service to our customers we are providing this early version of the manuscript. The manuscript will undergo copyediting, typesetting, and review of the resulting proof before it is published in its final form. Please note that during the production process errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.

Self Expandable Stentless Valve Versus Rigid Stented Valve: The Matter Of The Right Comparison (Reply)

Reply to the Editor:

We appreciate the comments of Dr. Miceli and Dr. Glauber (1) with regard to our previously published single-center experience (2). We compared the clinical outcomes of patients undergoing aortic valve replacement using the sutureless Perceval S (Livanova) and the Intuity Elite Valve (Edwards Lifesciences) rapid deployment valve. In the following, we would like to clarify the concerns raised by Miceli and Glauber.

Firstly, the surgical indication for AVR is presented in the tables of our results section and did not differ between the respective type of prosthesis. Importantly, in our method section we clearly emphasized that the choice for the respective RDV type was primarily based on the surgeon's certification for the respective RDV and independently of patient-specific characteristics. Secondly, we strongly agree with the authors' remarks with regard to the factors that might influence the hemodynamic performance of a RDV, and especially the effective orifice area (EOA). As acknowledged in our limitations section, the missing echocardiographic data other than the provided indexed EOA might have been more accurate to assess the RDV performance. Thirdly, we strongly believe that a propensity score matching of both RDV groups would have been largely limited by the small sample size in the Perceval group, and therefore, would have been futile at this early stage.

In addition, we are aware of the overlapping sizes of the Perceval S RDV which makes a 1:1 comparison to other valves types, including the Intuity Elite Valve RDV, more difficult. Nonetheless, our paper adopted the order of the respective valve sizes

Download English Version:

<https://daneshyari.com/en/article/8652419>

Download Persian Version:

<https://daneshyari.com/article/8652419>

[Daneshyari.com](https://daneshyari.com)