Cardiol Young 2004; 14: 115
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ISSN 1047-9511

Letter to the Editor

Dear Sir,

Re: Optimal timing of the Ross procedure

I have read with great interest the article published in your journal by Michael Cheung and colleagues.[1] Obviously the authors did not read our article,[2] even though they mentioned it, when they claimed that "there are no systematic studies in children describing the relationship between functional recovery and preoperative characteristics".

Our paper was exclusively based on that aspect, giving the left ventricular Z-score guidelines for optimal timing for surgery.

Yours faithfully,

Professor Jean Rubay, PhD
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References

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2. Rubay JE, Shango P, Clement S, et al. Ross procedure in congenital patients: results and left ventricular function. Eur J Cardiothorac Surg 1997; 11: 92–99.

Reply

Dear Sir,

We thank Professor Rubay for his comments. We agree that the elegant and detailed study, incorporating analysis of wall-stress, performed by Professor Rubay and his colleagues examines the determinants of functional recovery following the Ross procedure.

The aim of our study, however, was to provide guidance, based on routinely measured left ventricular dimensions, for determining the optimal timing of elective surgery. While the study of Professor Rubay and his colleagues noted that, as a group, patients with poorer postoperative ventricular function had larger preoperative left ventricular enddiastolic Z scores, our own data demonstrated that there appears to be a threshold, namely above 3 to 4 Z-scores, above which functional recovery, in the individual, becomes less likely. Taken together, we believe these two studies help to refine decision-making in this difficult group of patients.

Yours sincerely,

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https://doi.org/10.1017/S1047951104221242 Published online by Cambridge University Press