Figure 1. Intraoperative course of body core temperature using the old and modified ThermoWraps for the Allon™ 2001 system. BCT_{Baseline}: Body core temperature after induction of anesthesia before surgical intervention; BCT_{Low}: lowest intraoperative body core temperature; BCT_{End}: body core temperature at the end of surgical intervention.

2001 system is used on a regular basis for all patients undergoing OPCABG at the Triemli City Hospital. The modified ThermoWraps were provided free of charge by MTRE Advanced Technologies Ltd, Israel. None of the authors is related to or has financial interests in the manufacturers of the products studied. Also, there are no consultancy agreements between any authors and the manufacturer. Moreover, no specific institutional funding was necessary because all authors are regularly employed at the institutions mentioned above.

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Unexpected pulmonary embolism in lung transplantation: Diagnosis and prospects

To the Editor:

I read with interest the article by Oto and colleagues, wherein they study and reflect upon the role of unexpected pulmonary embolism in lung transplantation.¹ The authors have employed exploratory flush as a diagnostic tool for identification of emboli and quote it as the only diagnostic tool capable for identification of emboli in the subsegmental pulmonary vasculature.¹ The procedure is invasive and can only be undertaken after the lungs have been procured from a donor. In other words, there has already been a certain consumption of time and resources before exploratory flush is carried out to indicate whether the donor lungs are suitable for the recipient. In con-

trast, multirow helical computed tomography is now widely accepted as a safe, non-invasive, and accurate tool for identification of emboli to the subsegmental pulmonary vasculature.² The procedure can identify donors before they are selected for prospective donation of their lungs and thus save considerable amount of time and resources. This is of particular relevance, considering that exploratory flush showed no therapeutic benefit and was only indicated as a diagnostic tool.¹

The authors propose that donors with risk factors for unexpected pulmonary embolism should be demarcated as marginal donors.¹ However, trials have established that liberalization of donor criteria (with incorporation of donors having risk factors including those mentioned in this report) has no adverse outcomes of significance and leads merely to expansion of the donor pool and overcoming of shortage of donor lungs.³⁻⁵

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Reply to the Editor:

Thank you for the invitation to respond to Dr Ashraf's letter to the editor. The aims of our study were to describe the incidence of