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Reply to the Editor:

We thank Piacentini and associates for their interest in our article¹ and for their expert opinion on the topic. We would like to focus on three things.

The authors have discussed three new pedigrees of discrete subaortic stenosis (DSS), only one of which actually has true familial recurrence of DSS. The other two have family members affected by other forms of congenital heart defects, which may or may not have the same genetic basis. Their discussion, however, reiterates our conclusions that no single inheritance pattern can be pinpointed by reviewing the currently available evidence. Genetic heterogeneity and incomplete penetrance could also be important players. We agree with the authors concerning the autosomal recessive inheritance, and we think that given the currently available evidence there is a greater probability of autosomal recessive inheritance being at play in the familial causation. At the same time, most families with multiple affected members do not have consanguineous marriages, and this argues against involvement of recessive alleles. Hence no conclusion can be reached.

Second, as seen in acquired cardiovascular diseases, there may be differences in the relative contributions of the involved genes toward causing the phenotype in the various ethnic groups. Therefore, the pooling and comparison of data from different population subgroups may actually be misleading. However, owing to the scarcity of familial DSS patients at any one center, we still recommend a multicenter approach to get enough sample size for efficient genetic screening.

Last, it is important to reinforce the fact that screening of family members of appar-

ently sporadic cases can lead to timely diagnosis and better follow-up of familial cases.

Usman Ahmad, MD^a

Saulat H. Fatimi, MD, FACS^b

Muhammad A. Javed, MD^b

Asmatullah Khan, MD^b

Department of Surgery^a

Yale University

New Haven, Conn

Department of Surgery^b

Division of Cardiothoracic Surgery

Aga Khan University

Karachi, Pakistan

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Bovine jugular vein as aortic enlargement patch in the Norwood procedure

To the Editor:

We have read with interest the brief communication by Healy and colleagues,¹ in which they describe a new and innovative technique, never before published, concerning use of a bovine jugular vein as an augmentation patch in the Norwood procedure.

The original technique described by Norwood, Lang, and Hansen² involved the use of a homograft to enlarge the aorta. The lack of availability, its high cost, and the risk of infection induced some surgeons to use alternative patches. In fact, in 1999 Gargiulo and associates³ described aortic augmentation with a bovine pericardial patch.

We were very enthusiastic about the Healy report in the *Journal*, both for its contribution to the research toward new alternative materials with respect to homografts in the Norwood procedure and because this technique is similar to our recent surgical strategy.

In 23 Norwood cases, we have used a Contegra patch (Medtronic, Inc, St Paul, Minn) to enlarge the aorta. Technically, we remove the jugular vein with the valve in it and we open the Contegra patch to perform aortic enlargement. The operative technique is not more complex than the original technique with the homograft. Our results were very fulfilling and were similar to

these described in the literature with the classic Norwood operation. We prefer to use this conduit to reduce the risk of viral transmission and especially to reduce the risk of immunologic sensitization, as been described by Meyer and associates.⁴ Besides these benefits, the cost is lower.

We hope that our positive experience can bring a little support to the Healy experience and technique.

Mariano Vicchio, MD

Alessandro Nava, MD

Giuseppe Caianiello, MD

Department of Cardiothoracic Sciences

Second University of Naples

Naples, Italy

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Improved saphenous vein graft patency for coronary artery bypass grafting: "No-touch" harvesting or "dissection without touching"?

To the Editor:

A recent article in the *Journal* described the beneficial effect of penicillamine in a widely established porcine saphenous vein—carotid artery interposition model.¹ This, and previous porcine vein graft studies use a "no-touch" technique of preparing saphenous veins that was described 30 years ago by Gottlob.² This technique was developed using saphenous vein segments obtained from bypass operations or cadavers and canine femoral veins. The aim of this preparation of "dissection without touching" (the term "no-touch" seems to have crept into the literature) was to preserve the vein's endothelium by a rather unwieldy method in which "the venous