interrupted sutures are placed toward the annulus.

We agree with Dr Miller's comment in the discussion that this is not a new technique. It is true that it is highly similar to McGoon's technique of triangular plication of the prolapsing portion of the posterior leaflet resulting from ruptured chordae, which was published in 1960,² not in 1985, as suggested by the reference misquoted by Tsukui and colleagues.¹ (Reference 12 by Tsukui and colleagues to "McGoon DC. Repair of mitral insufficiency due to ruptured chordae tendineae. *J Thorac Cardiovasc Surg.* 1985;89:491-8" seems to be an incorrect rendering of Orszulak TA, Schaff HV, Danielson GK, Piehler JM, Pluth JR, Frye RL, et al. Mitral regurgitation due to ruptured chordae tendineae: early and late results of valve repair. *J Thorac Cardiovasc Surg.* 1985;89:491-8.)

McGoon, of course, did not perform ring annuloplasty because rings were not introduced until 9 years after he published his technique.

Gerbode and colleagues³ performed plication of the posterior leaflet for posterior leaflet prolapse resulting from ruptured chordae tendinae and first published it in 1962. Plication involves 4 layers of leaflet tissue, 2 on each side, which adds to stability of the plication line, in contrast to suture after resection, which involves 2 layers and is more prone to rupture. Through the years, this technique has been modified. Plication of the posterior leaflet toward the ventricle with interrupted mattress sutures and addition of posterior annuloplasty with stabilization of the repair by an autologous pericardial strip has become the standard concept for mitral valve repair at our center for posterior leaflet prolapse, for ruptured chordae tendinae, and even in repair for endocarditis.^{4,5} Tsukui and colleagues¹ unfortunately seem to be unaware of these references.

With regard to Miller's comment on why surgeons are trying to reincarnate

old techniques, this plication technique has, in fact, not been abandoned nor forgotten, but continues to show good long-term functional outcome. The folding mitral valve repair technique used by Tsukui and colleagues¹ is, therefore, not new, but another version of the modification by Gerbode and colleagues³ of the original McGoon² plication principle. Further modifications have been continuously proposed and tested, including our contributions.^{4,5}

It seems to us that the issue here is purely semantic and not technical. Hence, to allege that the technique described by Tsukui et al¹ is innovative is misleading.

We thank Anne Gale, ELS, for editorial assistance.

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Reply to the Editor:

I thank Drs Hetzer and Walter for their letter regarding our article in the January 2013 issue of the *Journal*. I am embarrassed to note that our article failed to reference McGoon's article, published in 1960, describing the

technique for triangular plication of the prolapsing posterior leaflet caused by ruptured chordae tendineae. Also, I thank Hetzer and Walter for reminding us of previous works from Gerbode and colleagues and from their own institution. I have enjoyed these articles.

Our mitral valve repair technique, folding mitral valve repair, does seem to be similar to other techniques reported by several authors; however, what we intended to emphasize in our article is the simplicity and reversibility of this technique, rather than its novelty. We expect these features to contribute to a greater repair rate and to provide a chance for residents to gain experience in mitral valve repair. The novel aspect of our technique is the expansion of indication to the anterior leaflet, not A2, and the commissural leaflet after successful experiences with the posterior leaflet. To the extent of my research, there have been no articles reporting detailed outcomes of anterior and commissural leaflet repair with plication or folding techniques, such as we reported.

Finally, I appreciate the commentary of Drs Hetzer and Walter, and I look forward to reporting late outcomes of our technique in the future.

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IS GENDER-SPECIFIC SURVIVAL IN PATIENTS UNDERGOING RADIAL ARTERY GRAFTING INFLUENCED BY HORMONE LEVELS?

To the Editor:

We read with great interest the article by Dimitrova and colleagues¹ on