Author has nothing to disclose with regard to commercial support.

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The long-term implications of increased PMI rates associated with TAVR devices are yet to be determined; however, increasing attention will be paid to this issue as TAVR is performed in younger, lower-risk patients in the coming years. If sutureless/rapid-deployment valves, particularly when combined with a minimally invasive approach, are to be seen as a viable alternative to TAVR in such patients, then the rates of PMI need to be minimized. Further research and insights into avoiding PMI during sutureless/rapid-deployment valve implantation, such as those suggested by Fischlein et al, are therefore of significant value. To stay “on pace” with the rapidly advancing field of TAVR, constant improvements in conventional surgical outcomes are required urgently.

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APPLICATIONS FOR ENABLE SUTURELESS AORTIC BIOPROSTHESIS?

To the Editor:

I enjoyed the article titled “North American single-center experience with a sutureless aortic bioprosthesis”

by de Varennes and colleagues in the March edition of the *Journal*.¹ Use of the Enable aortic bioprosthesis decreased

the mean cross-clamp time, and certainly with additional experience will likely further decrease cross-clamp time. I wonder whether the authors had previously used Cor-Knots (LSI Solutions, Victor, NY) during an isolated aortic valve replacement, and if so, whether using Cor-Knots had any significant effect on cross-clamp time.

In addition, the sutureless technology would seem to offer advantages in redo aortic valve cases, particularly when the extraction is difficult or the ring from the original prosthesis is left in place. I noted that the sutureless valve was not used in concurrent aortic and mitral valve replacement surgery, but only in patients who had mitral valve repair, and in 1 patient who had a previous mitral valve replacement. Are there restrictions to use of the sutureless prosthesis in these circumstances? Have the authors used the prosthesis in any of these clinical scenarios?

Finally, can the sutureless valve be placed within a tube graft to construct a biologic conduit? This would save operative time when the aortic biologic conduit needs to be sewn into the conduit, especially in situations where the conduit was not anticipated before placing the aortic cross-clamp.

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OTHER APPLICATIONS FOR THE SUTURELESS AORTIC PROSTHESIS

Reply to the Editor:

Thank you for your kind comments regarding our experience with the Enable sutureless aortic valve prosthesis (Medtronic, Minneapolis, Minn). Unfortunately, Medtronic pulled the product off the market a few months ago. This decision was in keeping with corporate decisions but we still believe that sutureless valves will have their place in the portfolio of treatment strategies for patients with aortic valve disease. We feel strongly that the ease of implant makes this technology very interesting, especially as