Authors have nothing to disclose with regard to commercial support.

Reference

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<https://doi.org/10.1016/j.jtcvs.2019.07.058>

REPLY FROM THE AUTHORS: RESPONSE TO THE QUESTION OF EXTENDED DISSECTION RENDERING MODIFIED

CABROL FISTULA IMPOSSIBLE

Reply to the Editor:

We thank Dr Lin and colleagues¹ for their interest in our article.²

We agree with them that better exposure of the arch branches provided by extended dissection is the principle in the arch repair of acute type A aortic dissection. Surely, good exposure not only provides more meticulous anastomose but also facilitates the subsequent hemostasis. However, Dr Lin and colleagues¹ believed that this extended dissection would make our modified Cabrol fistula impossible. In our practice with arch repair of acute type A aortic dissection, we never found the extended dissection might make our modified Cabrol fistula technique impossible. In this setting, another small bovine patch was used to cover the cranial part of the mediastinum, with its bottom sutured to the cranial side of the innominate vein.

During the repair of acute aortic dissection, a meticulous anastomotic technique is certainly the most important tool

to prevent bleeding. Direct surgical methods should be used if bleeding is spurting, and only oozing could be managed by our technique. The primary purpose of our modified Cabrol fistula was to control the intractable bleeding. The clinical results of our application of the modified Cabrol fistula showed that it provides primary and definite sternal closure, avoids the detrimental effects of a second pump run and continued bleeding, and consequently improves the early outcome. Enlightened by this satisfactory result, we routinely apply the modified Cabrol fistula in surgical repair of acute aortic dissection for the purpose of better early outcome. Fortunately, our results are encouraging and demonstrate routine application of our modified Cabrol fistula will improve the early outcome of surgical repair of acute dissection.²

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