The authors reported no conflicts of interest.

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REPLY: SHOULD SMALL AORTAS BE REPLACED?

Reply to the Editor:

Acharya and Jahangiri¹ write to support the inferences from Idrees and colleagues,² and perhaps to politely disagree with the points I tried to make in my Commentary on that manuscript.³ A variety of arguments have been made over many years in favor of replacing aortas below the guideline threshold of 4.5 cm. One of the most popular has been the height-indexing approach cited by the authors of this letter that was originally proposed by Svensson and Khitin,⁴ and on which Acharya has also published.⁵ I will only mention that height-indexing has not achieved a determinative role in the guidelines in the 18 years that have passed since it was proposed.

It is also important to remind readers that Idrees and colleagues analyzed patients in whom the enlarged aorta was a secondary or incidental feature and who had another clear indication for open heart surgery. I suggest that drive-by resection of aortas <4.5 cm clears a lower bar than aortic resection done as the primary indication for operation. I will also remind readers that Idrees and colleagues justified operating outside guidelines based entirely on overall outstanding results, the great majority of which were in patients done within guidelines. Quoting myself, “While it indirectly implies that risk is low, the benefit side of the

equation can only be addressed by comparing long-term outcomes in the <4.5 cm subgroup to similar patients untreated.”³

Finally, the authors argue for “89-fold increased risk of dissection” in aortas that are 4.0 to 4.5 cm, citing Paruchuri and colleagues.⁶ In that rather curious manuscript (“Ours is not a typical study”) the authors combine 2 completely unrelated clinical series and “apply a commonsense statistical approach.” Without belaboring the commonsense statistics, suffice it to say that the 89-fold increase applies to a ratio of relative risks, not an absolute risk. Furthermore, they conclude “To recommend surgery at smaller sizes [<4.5 cm] would dangerously—and unnecessarily—expose individuals with minimal risk of dissection to the small but real risk of open-heart surgery. Vigilance should be augmented from the point that an aorta reaches 4.5 cm, with periodic imaging and risk factor modification (blood pressure control).”

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