The author reported no conflicts of interest.

The *Journal* policy requires editors and reviewers to disclose conflicts of interest and to decline handling or reviewing manuscripts for which they may have a conflict of interest. The editors and reviewers of this article have no conflicts of interest.

CAN ROOT REPAIR ALONE ABOLISH AORTIC INSUFFICIENCY IN BICUSPID AORTOPATHY?

To the Editor:

I read with great interest the article by Lau and colleagues¹ regarding a root repair (RR) in bicuspid aortopathy. The authors demonstrated that RR, when performed in valves with good cusp quality (associated with no or slightly impaired valve function), offers better results than after repair containing both root and cusp repair. This is actually nothing new, and therefore the question of whether a root repair in roots larger than the human average and associated with competent or nearly competent valves is really necessary has frequently been examined and discussed.²⁻⁵ Due to a lack of evidence, this question remains unanswered, and many surgeons have developed specific solutions ranging from conservative to very aggressive approaches.^{4,5} However, there is still another aspect in the article by Lau and colleagues¹ that, in my opinion, makes the described population especially interesting. One should expect that in the patient group without a need for additional cusp repair, all patients would present with no or irrelevant aortic insufficiency (AI) previous to surgery, yet 7 from 51 study patients (14%) had an AI of grade 3+ or even 4+.

Currently we are preparing an evaluation of many hundreds of patients who received RR during the past 2 decades at the Cardiovascular Center in Bad Neustadt, Germany. The only root pathology with bicuspid valve in which we were able to abolish the AI by RR alone was aortic dissection. In all remaining patients, the insufficiency could only be abolished by additional cusp repair, regardless of the commissural orientation and the technique used. Moreover,

the suitability of aortic root and valve repair in bicuspid aortic valve has frequently been discussed at the forum of Aortic Valve Repair Taskforce by European Association for Cardio-Thoracic Surgery. During many meetings and workshops with live surgeries organized by the Taskforce (chaired by Filip Casselman and Ruggero De Paulis) during past 5 years, there was always the consensus that RR alone cannot abolish a relevant AI in bicuspid aortopathy without any additional approach to the cusps. For this reason, I would kindly ask the authors of the discussed paper¹ to explain how they achieved the abolishment of the relevant AI in their patients without addressing the cusps, especially because they apparently did not include any patients with aortic dissection. Maybe they have used other techniques of repair that they do not define as cusp repair? After all, the surgical video provided in the article demonstrates a decalcification and shaving of the cusp for improvement of its mobility. Is a cusp decalcification not a cusp repair?

Paul P. Urbanski, MD, PhD

Department of Cardiovascular Surgery
Cardiovascular Clinic Bad Neustadt
Bad Neustadt, Germany

References

1. Lau C, Wingo M, Rahouma M, Ivascu N, Iannacone E, Kamel M, et al. Valve-sparing root replacement in patients with bicuspid aortopathy: an analysis of cusp repair strategy and valve durability. *J Thorac Cardiovasc Surg.* 2021;161:469-78.
2. Park CB, Greason KL, Suri RM, Michelena HI, Schaff HV, Sundt TM. Fate of non-replaced sinuses of Valsalva in bicuspid aortic valve disease. *J Thorac Cardiovasc Surg.* 2011;142:278-84.
3. Milewski RM, Habrheuer A, Bavaria JE, Siki M, Szeto WY, Krause E, et al. Fate of remnant sinuses of Valsalva in patients with bicuspid and trileaflet valves undergoing aortic valve, ascending aorta, and aortic arch replacement. *J Thorac Cardiovasc Surg.* 2017;154:421-32.
4. Ouzounian M, Feindel CM. Partial root repair: paths to a middle ground. *J Thorac Cardiovasc Surg.* 2018;155:527-8.
5. Sundt TM. Understanding why are we doing what we are doing. *J Thorac Cardiovasc Surg.* 2018;155:528-9.

<https://doi.org/10.1016/j.jtcvs.2021.03.040>

REPLY: CUSP REPAIR TO ACHIEVE SUCCESSFUL SPARING OF THE VALVE IN BICUSPID

AORTOPATHY

Reply to the Editor:

Valve-sparing root replacement has emerged as a successful technique for repair of root aneurysms associated with bicuspid aortic valve anatomy. The ability to spare the valve with this approach stems from the durable annular stabilization it provides along with certain distensibility of the aortic root from the neosinuses resulting in near normal cusp motion.¹ Despite correction of root geometry,

The Editor welcomes submissions for possible publication in the Letters to the Editor section that consist of commentary on an article published in the *Journal* or other relevant issues. Authors should: • Include no more than 500 words of text, three authors, and five references. • Type with double-spacing. • See <http://jtcvs.ctsnetjournals.org/misc/fora.shtml> for detailed submission instructions. • Submit the letter electronically via jtcvs.editorialmanager.com. Letters commenting on an article published in the JTCVS will be considered if they are received within 6 weeks of the time the article was published. Authors of the article being commented on will be given an opportunity to offer a timely response (2 weeks) to the letter. Authors of letters will be notified that the letter has been received. Unpublished letters cannot be returned.