Author have nothing to disclose with regard to commercial support.

In our practice, we routinely take precautions for securing the right atrium. These are extensive opening of the right pleura and intentional rightward luxation of the heart, opening the pericardial reflection over the superior venae cavae, and leaving the right pericardial stay sutures free while performing the anastomosis on the circumflex and distal right coronary artery target vessels. A second and more important measure is continuous monitoring of the interatrial septum with transesophageal echocardiography during the positioning of the heart. Right atrial distention due to intravenous fluid replacement and external compression of the heart may easily lead to intermittent right-to-left shunting during the procedure, which may lead to cyanosis, even to paradoxical embolization from right to left. In practice, because transthoracic echocardiography is less sensitive than transesophageal examination, it is not always possible to detect a PFO during routine preoperative evaluation. Therefore, we think these simple precautions should be considered in all cases with OPCAB to prevent untoward effects of a right-to-left shunting, such as hypoxemia and systemic paradoxical embolization.

Arda Ozyuksel, MD[a]
Erdem Çetin, MD[b]
[a]*Department of Cardiovascular Surgery*
Istanbul Medipol University
Istanbul, Turkey
[b]*Department of Cardiovascular Surgery*
Medikar Hospital
Karabük, Turkey

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PFO IS GENERALLY BENIGN IN OPCAB: UNTIL IT ISN'T

Reply to the Editor:

In a letter to the Editor, Drs Ozyuksel and Cetin comment on our editorial commentary[1] on an original article by Morita and colleagues.[2] To be clear, the former incorrectly credited DrCaton and me with the case presentation rather than Dr Morita and associates, who authored the case report. Drs Ozyuksel and Cetin describe techniques to mitigate cardiopulmonary dysfunction due to positioning during off-pump coronary artery bypass (OPCAB) surgery. I agree that these are worthwhile maneuvers, providing probable benefit at low risk to patients. Drs Ozyuksel and Cetin suspect that shunts through a patent foramen ovale (PFO) are more likely to manifest detrimentally when positioning the heart to address left-sided lesions. However, among the limited published case reports of desaturation due to PFO shunting,[2-6] all 3 reports that mention the targets being addressed during desaturation describe this occurring while addressing right-sided lesions.[2,3,5]

Author has nothing to disclose with regard to commercial support.

Another point that Drs Ozyuksel and Cetin make is that PFO is not a benign pathology in OPCAB patients. I counter that the fact that PFO is so common and yet infrequently results in shunting sufficient to cause desaturation during OPCAB demonstrates its generally benign nature. The point of our commentary was that PFO is usually untroubling but can take a turn for the worse, and that turn appears to be more commonly toward right-sided lesions.

John Bozinovski, MD, MSc
Department of Cardiac Surgery
University of British Columbia
Victoria, British Columbia, Canada

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HYBRID MANAGEMENT IN ADULT CONGENITAL AORTIC DISEASE: AN ESTABLISHED APPROACH

To the Editor:

We read with interest the article by Belitsis and colleagues,[1] "Pseudoaneurysm at the Origin of the Left Subclavian Artery Following Type A Interrupted Aortic Arch Repair in