Research in Pediatric Cardiac Intensive Care study, which observation is contradictory to that of the Collaborative conduit size and body weight at the time of surgery. Thus, there was no apparent correlation between smaller ering that body weight was not a risk factor for mortality. This is a surprising observation, and even more so consid- ering that body weight was not a risk factor for mortality. In our experience, the use of conduits

To the Editor:

We read with interest the recent article by Guariento and colleagues1 reporting their experience with repair of truncus arteriosus in 204 patients undergoing operations at the Boston Children’s Hospital between 1984 and 2018. This large study reports similar outcomes to what we have observed in Australia, with approximately 15% of patients dying in the first year following repair, and 20-year survival around 80%.1-4 However, among the findings Guariento and colleagues1 emphasize is the influence of right ventricle to pulmonary artery conduit size; namely, that larger conduits (>12 mm) were associated with improved survival. This is a surprising observation, and even more so considering that body weight was not a risk factor for mortality. Thus, there was no apparent correlation between smaller conduit size and body weight at the time of surgery. The observation is contradictory to that of the Collaborative Research in Pediatric Cardiac Intensive Care study,2 which reported increased rates of major adverse cardiovascular events in patients with conduits that were >50 mm/m2 of body surface area. Similarly, in Melbourne, we routinely use conduits <12 mm, predominantly nonvalved GoreTex grafts (W.L Gore and Associates). We have found that 65% of children who receive GoreTex conduits sized 8 to 12 mm are free from reoperation up to 5 years. Thus, it is unclear to us why smaller conduits would be the risk factor for mortality in Boston. In our experience, the use of conduits smaller than 12 mm is simple and not does not appear to be associated with increased morbidity.

The authors reported no conflicts of interest.

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CONDUITS IN TRUNCUS ARTERIOSUS: DOES THE SIZE MATTER?

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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/ifora.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 of 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.

Conduits for Pulmonary Artery Right Ventricle-To-Pulmonary Artery Conduits for Truncus Arteriosus Repair: Let’s Shift the Focus

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Reply to the Editor:

We thank Buratto and colleagues1 for their interest in our article.2 As they mention, in our study right ventricle-to-pulmonary artery (RV-PA) conduit initial size <10 mm

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CONGENITAL: TRUNCUS ARTERIOSUS: LETTERS TO THE EDITOR

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