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CONDUITS IN TRUNCUS ARTERIOSUS: DOES THE SIZE MATTER?

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,5 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 does not appear to be associated with increased morbidity.

Edward Buratto, MBBS, PhD, FRACS
Phillip S. Naimo, MD, PhD
Igor E. Konstantinov, MD, PhD, FRACS

aDepartment of Cardiac Surgery
Royal Children’s Hospital
Melbourne, Victoria, Australia
bDepartment of Paediatrics
University of Melbourne
Melbourne, Victoria, Australia
cHeart Research Group
Murdoch Children’s Research Institute
Melbourne, Victoria, Australia
dMelbourne Centre for Cardiovascular Genomics and Regenerative Medicine
Melbourne, Victoria, Australia

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