



Y-ENLARGEMENT: SMOKE AND MIRRORS? To the Editor:



Much praise has been written in the last 3 years about the “Y-enlargement” during aortic valve implantation, allowing for a far larger prosthesis.¹ However, when one thinks about the operation, the enlargement all occurs above the level of the basilar ring—that imaginary circle immediately below the nadirs of the 3 leaflets. With this “Y” technique, the distance between the fibrous trigones—and hence the true basilar ring—remains the same. The valve is allowed to herniate up a considerable distance directly above the intertrigone line. However, the basilar ring, which becomes attached to the new prosthesis in all areas but the intertrigone span, does not really enlarge. The subvalvular area remains limited by the intertrigone distance, creating a bar below the prosthesis. It is a little like the trick of letting an oversized prosthesis herniate up over the noncoronary cusp—useful if you’ve oversized the prosthesis, but the ring below the valve becomes the limiting factor to outflow.

A traditional posterior annular enlargement crosses the basilar ring perpendicularly and enlarges it with a patch

(Manoughian procedure). An anterior enlargement also crosses the basilar ring perpendicularly and enlarges it with a patch (Konno procedure). However, in the Y-enlargement, the basilar ring is not crossed. Are we fooling ourselves about real outflow enlargement?

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Reference

1. Yang B. A novel simple technique to enlarge the aortic annulus by two valve sizes. *J Thorac Cardiovasc Surg Tech.* 2021;5:13-6.

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