Response from the authors to the letter to editor (MVR in infants)

Sir,

We read with interest, the letter to the editor discussing our recent article on Melody valve implantation in the mitral position. We thank the authors of "the letter to the editor" for bringing out very pertinent issues complementing and enriching our paper.[1]

We agree that pulmonary autograft or the Ross II procedure using pulmonary autograft in mitral position[2] is an important alternative which should have been included in the discussion. However, despite the seeming advantages, the experience with this procedure over the last two decades has been sporadic with reports limited

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to small series, at the most. This procedure is certainly loaded with the same debate as the Ross Procedure itself, of converting a single valve disease into a potentially double valve disease. This has been brought to light by the report advising caution.[3]

The other option of using an aortic or pulmonary (homovital) homograft in a Ross II fashion, is certainly worth consideration. However, vagaries of availability of a small-sized semilunar valve, need to order a predetermined size from a distant homograft bank and the question marks about the longevity of these homografts, mean that this option is not always practicable. The concept of homovital tissue, to our knowledge, has not stood the scrutiny of time, since recent developments profess the use of decellularized homografts[4] to improve durability.

To summarize, while the Ross II concept using either an autograft, homograft or a decellularized homograft is certainly important, the use of a stented Melody valve adds to the armamentarium of available alternatives, till a unique alternative with overwhelming advantages emerges.

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Conflicts of interest

There are no conflicts of interest.

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