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### **Author's Reply**

To the Editor,

We thank the authors for their interest in our study entitled "Transcatheter aortic valve implantation through extra-anatomic iliac graft in a patient with unsuitable iliofemoral and subclavian anatomy" published in *Anatol J Cardiol* 2016; 16: 813-4 (1).

Firstly, as the authors stated, we did not choose the transapical approach based on the study of Fröhlich et al. (2). There are also other studies supporting this decision. The transfemoral route seems to be associated with a significantly higher survival than the transapical route (3, 4). However, some studies indicate that the access

route does not influence mortality rates (5). We think that this situation may be related to experiences of the heart team and operators.

Secondly, after graft insertion to the left iliac artery, the patient was transferred to the catheterization laboratory immediately. Therefore, the patient underwent anaesthesia stress once. However, this procedure increases infection risk due to graft operation. The rate of graft infections is expected to be low (6).

In conclusion, we presented an alternative technique for patients with an unsuitable anatomy. Improvements and further trials are needed to compare different routes.

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