Author`s Reply

To the Editor,

We appreciate your contribution to our study (1). We would like to clarify a few points. As we observe in your kind objection, the issue is the lack of concordance between early mortality rates and surgical era, as one would expect. With improving

surgical techniques, one should expect better outcome, and basically, low early postoperative mortality. It has always been mentioned that atrioventricular septal defect repair is "the state of art" that demans significant reconstruction, mainly focused on left atrioventricular (AV) valve function. Naturally, surgical experience has a great impact on the outcome, as you mention, the "learning curve", wherein we believe that experience itself is the most important factor affecting the result. We reported slightly higher early mortality rates in the older cohort, but it did not show a statistical significance. In this series, many different leading surgeons participated in the clinical practice during different periods; each experienced their own learning curves. One of the reasons for the lack of concordance can be this difference. However, we must admit that despite the changing of surgeons, all the factors that were listed as a cause of improvement in early mortality, like advances in perfusion techniques, better myocardial protection, better postoperative management, have an impact on the overall outcome. We think the result would be different if fewer surgeons had participated in the practice. Transesophageal echocardiography (TEE) is definitely a very valuable tool to detect residual defects and AV valve function; however, we do not recall a case that was re-repaired according to TEE findings. Surgeons generally accept the best possible valve repair simply tested by saline during the operation, but in TEE, there is an immediate feedback. We have completed our learning curve fast with the aid of TEE, therefore we do not use TEE as often as we did in the past.

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Reference

1. Sarısoy Ö, Ayabakan C, Tokel K, Özkan M, Türköz R, Aşlamacı S. Long-term outcomes in patients who underwent surgical correction for atrioventricular septal defect. Anatol J Cardiol 2018; 20: 229-34.

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