The author reported no conflicts of interest.

The *Journal* policy requires editors and reviewers to disclose conflicts of interest and to decline handling or reviewing manuscripts for which they may have a conflict of interest. The editors and reviewers of this article have no conflicts of interest.

REPLY: REPLY TO KUMAR AND COLLEAGUES

Reply to the Editor:

In their recent letter to the Editor, Kumar and colleagues[1] provided an important suggestion for additional evaluation of the pulmonary artery anastomosis after lung transplantation with transesophageal echocardiography (TEE) in the operating room. We thank Yokoyama and colleagues[2] for their previous article on anastomotic techniques that again highlight the importance of a technically optimal operation, which includes an unobstructed pulmonary artery anastomosis. The routine nature of thoracic transplantation might allow a suboptimal pulmonary artery anastomosis after heart or lung transplantation to go undetected as a potential cause of pulmonary graft dysfunction or donor heart right ventricular dysfunction.

Kumar and colleagues' suggestion of TEE Doppler interrogation of the flow characteristics across the anastomosis after lung transplantation could provide early evidence of a technical problem. If TEE is not routinely used for lung transplant operations, the anticipation of important pulmonary artery size disparity should at least stimulate consideration with our anesthesia colleagues for insertion of a TEE probe for anastomotic examination.

James K. Kirklin, MD
Division of Cardiothoracic Surgery
Department of Surgery
Kirklin Institute for Research in Surgical Outcomes
University of Alabama at Birmingham
Birmingham, Ala

References

1. Kumar N, Flores AS, Hussain N, Ganapathi AM, Whitson BA, Essandoh MK, et al. Ensuring pulmonary artery patency in donor-recipient size mismatch: a collaborative challenge. *J Thorac Cardiovasc Surg Tech*. 2022;15:206-7.
2. Yokoyama Y, Chen-Yoshikawa TF, Nakajima D, Ohsumi A, Date H. Various techniques for anastomosis of pulmonary arteries with size mismatch during lung transplantation. *J Thorac Cardiovasc Surg Tech*. 2021;9:192-4.

https://doi.org/10.1016/j.xjtc.2022.08.002