

Author's reply

Sir,

We thank the authors for the interest shown in our article^[1] and for sharing information about computed tomography-derived volume-rendered virtual dissection.^[2] The cost incurred in creating the virtual model (our case report) is indeed due to the technical expertise and the software required. As with all such technologies, we anticipate not only a steep fall in prices but also improvement in the quality of software and wider availability. We note that the model obtained by virtual dissection is computationally more complex and seems to suffer from similar shortfalls of the three-dimensional (3D) print software-derived virtual model. We would like to clarify any number, and a variety of cuts can easily be obtained on the virtual model. Further, baffles or other implants can be “added on” to the virtual model for improved surgical planning. Finally, the virtual model can always be processed to the logical next step – 3D-printed model which has indisputable advantages.

A printed or virtual surface-rendered model by 3D printing software offers a more robust technique with solid algorithms to create a true 3D image which we feel is definitely more trustworthy, at least till larger comparative studies are conducted, for clinical and surgical decision-making. We feel that it is early to commit surgical or palliative line of treatment based on virtual dissection as elaborated by Dr. Gupta *et al.* We predict that the future will see merging of both technologies to create ideal virtual as well as 3D printable heart models.

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Conflicts of interest

There are no conflicts of interest.

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