Regarding "Multimodality Imaging of Sinus Venosus Atrial Septal Defect: A Challenging Diagnosis in Adults"

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Letter to the Editor:

The paper by Qiu *et al.*[1] clearly demonstrates the imaging of sinus venosus defects. We agree with their statement: "Accurate diagnosis of the SVASD [sinus venosus atrial septal defect] and associated anomalies is essential for management." However, their contention that "sinus venosus ASDs [atrial septal defects] are not amenable to percutaneous closure due to their complex anatomy" is no longer true. Percutaneous closure has been used since 2014. In 2020, after several case reports, two large single-center series appeared that were shortly thereafter followed by a multicenter series of 75 patients undergoing percutaneous correction.[2-4] The use of transesophageal echocardiography to facilitate closure, by reducing the need for fluoroscopy and angiography considerably, has also been shown.[5] Currently, it appears that as many as 75% of superior sinus venosus atrial septal defects are amenable to percutaneous closure. Accurate imaging prior to and during the procedure is essential for case selection and guidance.

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