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LETTER TO THE EDITOR

Reply to N. Eid et al.

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It is our pleasure to respond to the letter written with regard to our recently published article [1]. First, Eid asked Figure 1 in our article. In this figure, we wanted to present normal relational anatomy between right bronchial artery and 3rd intercostal artery, and did not present thoracic duct clearly.

Eid referred to their two case reports published in 2010 and 2013 [2, 3]. In those reports, Eid also mentioned relationship between anomalous common bronchial artery trunk and thoracic duct. However, "anomalous common bronchial artery trunk" in Eid's papers is quite different from "anomalous right bronchial artery" in our article. In Eid's articles, "anomalous common bronchial artery trunk" arose from higher level of descending aorta than usual and ran anterior side of right main bronchus. On the contrary, "anomalous right bronchial artery" in our article originated from usual level of descending aorta and ran posterior side of right main bronchus. We just used the word "anomalous" as a meaning that "without connection to 3rd intercostal artery".

From both Eid's papers and our article, it is clear that right bronchial artery and thoracic duct have a close relationship from anatomical point of view in any type of anomalous right bronchial artery. Accurate understanding of topographical anatomy is always essential for precise and meticulous surgery.

References

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