In reply: MEP monitoring during aortic surgery

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To the Editor:

We thank Studia and colleagues [1] for their comments on our manuscript [2].

Our group regularly double-check data obtained from independent researchers, and we hold paramount the accuracy of information that we present. Because of this, we deeply regret our inadvertent inclusion of poorly vetted data from the Jacobs 2006 study [3]. The issue centers around the debate about whether or not it is appropriate to consider a transient decline in motor evoked potential (MEP) as a true positive. Our critics maintain that only declines in MEP at surgical termination should be regarded as true-positive MEPs. Consequently, we reconsider our original analyses in light of our amended definition, i.e., MEP is to be regarded as ‘true positive’ only if it declines at the end of surgery.

As a consequence of this recalculation, our MEP data have changed (ESM Table 1). However, our recalculations did not change our original conclusion. An ‘all-or-none’ MEP cut-off point may be best for detecting postoperative paraplegia following TAA/TAAA open repair surgery.

To circumvent these issues in the future, we recommend that scientists and researchers with expertise in MEP

monitoring develop evidence-based consensus monitoring guidelines to achieve precise, accurate, and repeatable results.

Compliance with ethical standards

Conflict of interest The authors declare that they have no competing interests.

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