Aortic valve repair in young patients with ventricular septal defect with aortic regurgitation-our experience

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To The Editor

We read the article on aortic valve repair in patients of Ventricular Septal Defect (VSD) with associated Aortic regurgitation in young patients by Dr. Muthaliu et al. We congratulate them for excellent results in their patients following repair of the aortic valve and closure of VSD.

We wish to share our moderate experience of such 9 patients operated at our centre (Ruby Hall Clinic, Pune) during last 10 years. Age of the patient varied from 13 yrs to 30 yrs.

We noticed patients with membranous VSD have propensity of aortic cusp prolapse. Common cusps are right coronary cusp and non-coronary cusp. We didn't find any adhesions of

the prolapsing cusp to the edge of the VSD as noted by the author. What we found was the sinus of the cusp getting redundant and prolapsing. In none of our patient we noticed any cuspal adhesion to VSD. While repairing the cusp prolapse we consider Frater's stitch of great help to assess the redundancy of prolapsing cusp. We find it easier to plicate the redundant part by taking gathering stitch with 5/0 prolene.

The repair is simple and easily reproducible. We didn't replace aortic valve in any of 9 our patients.

We concur with the authors about early interventions in this subset of patients even though VSD may not be large and Qp/Qs may not be very significant.

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