

Reply to Vendramin I. et al

To the Editor,

We are very thankful to Dr. Vendramin et al.¹ for their interest in our article about the “off label” use of new cardiac prosthetic valves in different clinical scenarios, and for their thoughtful comments.

From the very beginning, medicine and science have been characterized by the desire to go beyond limits, trying to find alternative solutions for different and more and more complex issues. This is the basis of scientific method.

In the article published by Vendramin et al.,¹ they highlight the importance of new suturless and rapid deployment valve prosthesis in unusual contexts.

As previously described,^{2,3} the use of rapid deployment valve prosthesis in high-risk patients affected by severe endocarditis was found to be a feasible therapeutic option, showing acceptable results. In these patients, cardiac surgery represents a huge challenge and it is associated with high in-hospital morbidity and mortality, ranging from 15% to 30%.⁴ Those procedures are technically complex, scarcely reproducible and highly dependent from surgeons' skills. Lastly, although several kinds of prostheses have been used, the optimal valve has not been found yet and the strategy needs to be customized for each patient.

Thus, it is necessary to develop more reproducible and reliable surgical techniques and devices.

In our experience, rapid deployment valve prostheses have these strengths: The use of less foreign materials such as pledgets and stitches and the higher solidity given to the repaired annulus by radial force and stent.

We strongly believe that these devices, applied in uncommon surgical scenarios, might represent the basis on which international recommendations and guidelines could be extended and improved to guarantee the best results for patients. Long-term follow-up are needed.

CONFLICT OF INTERESTS

The authors declare that there are no conflict of interests.

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