



Correspondence on Surgical Outcomes of Cor Triatriatum Sinister

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To the editor:

We would like to correspond about and share ideas related to the publication “Surgical outcomes of cor triatriatum sinister: a single-center experience” [1]. According to Kim et al. [1], surgical correction of cor triatriatum can be done safely and successfully with a very low risk of recurrence. We agree that surgery is required to treat cor triatriatum. If an experienced surgical team follows a good surgical strategy, the outcome will be positive. The observation by Kim et al. [1] confirms the previous report by Fuchs et al. [2]. A longer observation period might be needed to draw conclusions regarding recurrence. In addition to recurrence, the occurrence of pulmonary vein stenosis is another interesting finding that warrants long-term follow-up. According to a previous report, this condition might occur after surgical manipulation of cor triatriatum [3]. Finally, an early diagnosis and correction, as described in the report by Kim et al. [1], might lead to favorable management outcomes. If the diagnosis and surgical management occur too late and the patient has severe clinical problems, fatal outcomes after surgical management are still reported [4].

Conflict of interest

No potential conflict of interest relevant to this article was reported.

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The author's reply:

We thank Sookaromdee and Wiwanitkit [1] for their correspondence regarding our study investigating the outcomes after repair of cor triatriatum sinister [2]. Cor triatriatum sinister itself, unless it is associated with inflow

obstruction, generally has a benign prognosis [3], although surgical intervention might be required mostly owing to associated defects, such as anomalous pulmonary venous connection, atrial septal defect, mitral valve anomalies, and so forth. There is no doubt that cor triatriatum itself



could be repaired rather easily without concerns about recurrence; however, future development of individual pulmonary vein stenosis or the progression of preexisting pulmonary hypertension should be followed over the longer term, as Sookaromdee and Wiwanitkit [1] mentioned in their correspondence. The timing of surgical repair might depend upon symptoms usually associated with coexisting anomalies or associated inflow obstruction, but even in asymptomatic patients without inflow obstruction, cor triatriatum can be safely and effectively repaired in the era of prenatal diagnosis.

Conflict of interest

No potential conflict of interest relevant to this article was reported.

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