Response to Letter Regarding Article, “Surgery in Adults With Congenital Heart Disease”

We thank Drs Le-Xin Wang and Zeng-Shan Ma for their comments on our publication. The authors state that pre- and postoperative pulmonary arterial pressure and ventricular function are important factors influencing long-term survival after corrective surgery. Therefore, they contend that without considering these factors in the analyses of long-term survival after surgery, the sex differences we reported require cautious interpretation.

We recognize that pulmonary arterial pressure and ventricular function are important factors influencing long-term outcome after surgery. However, we did not have access to clinical information, and therefore we could not include these factors in our analyses. Nevertheless, we question whether these factors might explain the worse long-term survival of men after surgery in adulthood. To date, there is little indication that pulmonary arterial hypertension or ventricular dysfunction are more prevalent in men with congenital heart disease than in women. Therefore, we do not expect that accounting for pulmonary pressure and ventricular function would significantly influence our results regarding sex differences in long-term survival after surgery. However, additional research on sex differences in adult congenital heart disease is necessary to provide more answers.

Furthermore, our colleagues state that, in their experience, corrective surgery in adults with congenital heart disease can be considered curative in most cases, because in their center the vast majority enjoy a good outcome with little or no need for reoperations. Although we agree that for many patients corrective surgery might be considered curative, our results show this is not necessarily true for all. Furthermore, it is important to consider the follow-up period when discussing the need for reoperations. It might be that the need for reoperations can only be shown during a longer follow-up.

Disclosures

None.

References