

to adjust the shape and position of aorto-coronary bypass grafts.

Although Surgicel is a relatively non-irritant substance and is completely absorbed by the body in most instances it is, none the less, a foreign body and should be used in the smallest amounts possible. Also, physicians and radiologists should be familiar with the appearance of retained Surgicel in X-rays [7], sonograms [8] and computed tomography scans [9].

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Reply to the Letter to the Editor

Reply to Ibrahim et al.

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I read with great interest your letter that reports a case of excess Surgicel mimicking an abscess. Surgicel is a local haemostatic gauze. This consists of oxidized regenerated

cellulose; it is very useful and used in every kind of surgery. Our experience teaches its great usefulness especially in aortic dissection and in re-do surgery. Nevertheless it has to be used only in single layer in the last phases of haemostasis when you are sure that there are no surgical points of bleeding. We use it only in venous bleeding; we avoid using it for the haemostasis of the grafts' anastomosis. When you employ Surgicel to adjust the shape and position of aorto-coronary bypass grafts you use it in a single layer. Thus, we think there are no related problems. You should not use Surgicel to tamponade a bleed in the posterior part of an aorta's anastomosis; if it is not possible, you have to wait until there is an optimal coagulation and then remove it, otherwise use biological glue. We recommend avoiding Surgicel between the aorta and pulmonary artery and also between the aorta and vena cava because in this position the formation of pseudoaneurysms and pseudoabscess due to chronic inflammatory reaction is most common. In fact, in all cases, as reported in the literature, the problem related with Surgicel is the use in excess. Actually it is not possible to distinguish a Surgicel accumulation from a tumor or an abscess or an intramural haematoma using X-rays, sonograms and computed tomography scans. For this the reason the Surgicel has to be used as little as possible. We recommend further reports on the utilization of Surgicel during surgical proceedings so as to be able to do a differential diagnosis.

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Letter to the Editor

Clinical relevance of microembolic signals in patients with prosthetic heart valves

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We read the recent article of Kofidis et al., concerning the clinical relevance of high-intensity transient signals (HITS) in patients with aortic valve replacement with interest [1]. Still, we feel that a number of issues require clarification:

(1) The authors use the term HITS throughout the paper, and even state that “the lack of correlation between the