vessels that are relatively inaccessible, without re-sorting to major surgery. However, in the case of a false aneurysm of the thyrocervical trunk, would coil embolisation not be a more appropriate method for percutaneous endovascular control?

Finally, the authors suggest that the residual haematoma in a false aneurysm would not be resorbed after stent control. What evidence do they have for this statement as haematomas elsewhere that are not evacuated usually resorb?

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References

Authors’ Reply
I thank Drs. Vahl and Mackaay for their comments. Participants in this trial were unenthusiastic about double blinding in case, during a lengthy or complex procedure, a second dose of heparin were to be needed.

To say that the only positive outcome was the decreased myocardial infarct rate is a little harsh, as the blood loss data are the primary outcome. We were interested to find that heparin did not cause excess bleeding and that, conversely, heparin was not needed to protect the runoff.

The lack of stratification for cardiac risk factors is, as described in the article, frustrating, but the study was not designed to examine this question. All we can say is that the numbers were large enough to minimise bias and that further work is required.

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