into the left ventricular outflow tract, while in our case, the flap fell onto the coapted aortic valve leaflets.

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References

Reply

1. Inspection of our Figure 1 indicates that the M-mode aortic echo may show the duplication reported by Cohen and Wharton. Duplication of aortic structures in patients with dissection has been described before and was not the cardinal feature of our report.

2. At the time of their publication (1982), M-mode equipment may have been more readily available. Currently, the proper application of echocardiography for the definitive diagnosis of aortic dissection mandates both M-mode and two-dimensional echocardiographic studies in conjunction. Interestingly enough, the genesis of M-mode duplication was explicated by a two-dimensional echocardiogram (Fig. 2) in their case report.

3. Our Figure 2 does not “duplicate” their Figures 2 and 3 since the intimal flap in our study prolapsed into the left ventricle. This prolapse was in fact the primary description in our report. Prolapse of a clearly defined flap may be more specific for the diagnosis of aortic dissection than isolated duplication of aortic root structures on an M-mode examination. Further study will ascertain the relative specificity of these two findings for the identification of dissection.

4. If Cohen and Wharton had demonstrated prolapse of an intimal flap on the two-dimensional ultrasonic study in a patient with nonspecific findings on a computed axial tomographic study of the thorax and no identifiable false lumen on aortic angiography then the two papers might be construed as duplication. Such was not the case. The exception of prolapse defies the term “duplicate” in this context.

5. The importance of the case report by Cohen and Wharton is hereby acknowledged. Intimal flap prolapse represents a new and important finding for the diagnosis of aortic dissection, a feature that was not described in their report.

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Correction

Because of a printer’s error, Figure 3, which appeared on page 1190 in the article by Sasayama et al. (Three-Dimensional Analysis of Regional Myocardial Function in Response to Nitroglycerin in Patients With Coronary Artery Disease. J Am Coll Cardiol 1984;3:1187–96), is incorrect. The figure that should have appeared was reproduced on page 200 of the July 1984 issue of the Journal (J Am Coll Cardiol 1984;4:200), but was printed upside down.