Dear Editor,

Thank-you for the timely review of Iliac Branched-graft Devices. The data presented suggests that the article may have underestimated the problems associated with this technique. Both the abstract and the text of the article state that there was no aneurysm-related mortality. The overall 30-day mortality from Table 4, however, was 6.6%. It is also stated that 24/196 patients had early internal iliac occlusions. If the initial technical failures are included in this total, the 30-day occlusion rate from the tables appears to be 33/196 (17%). In the introduction, it is commented that "publication bias may exert a significant effect" and thus results from iliac embolisation studies should be interpreted with caution. The same observation could be made about reports of Iliac Branch-graft Devices. Given these points, should the authors have been more circumspect?

Reference


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Comment on Variations in Basilic Vein Anatomy: Implications for Access Planning

Dear Editor,

We read with interest the report authored by Dr Kaiser entitled “Unrecognized basilic vein variation leading to complication during basilic vein transposition arteriovenous fistula creation: case report and implications for access planning”. The authors correctly stated that "anatomy texts offer little description of the upper arm veins and are particularly silent in regards to variations" and that "systematic searches of the medical literature revealed no results for anatomical surveys of the confluence of the brachial and basilic veins". Although we agree that nothing has been written-up in anatomy textbooks, we and others have published on this not infrequent variation of the normal anatomy. The home-take message is that careful preoperative planning is imperative, including review of previous operative notes and complete ultrasound scanning of the upper-extremity veins. Accordingly, society recommendations on preoperative imaging should be updated.

References


DOI of original article: 10.1016/j.ejvs.2009.11.018.

DOI of original article: 10.1016/j.ejvs.2010.01.011.
Response to comment on "Unrecognized basilic vein variation leading to complication during basilic vein transposition arteriovenous fistula creation: Case report and implications for access planning"

Dear Editor,

We greatly appreciate the letter from Drs. Kakkos, Tsolakis and Dr. Haddad concerning our brief report on basilic vein variation and its implication for vascular access planning. We are pleased to see that this issue has been recognized simultaneously by other authors given its significance for vascular access. Unfortunately their reference to anatomy is not discoverable using the search parameters we employed, so your input makes this report more complete. We agree completely about the importance of preoperative imaging and are in the process of completing an anatomic survey to add data on this area of clinical research.

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