LETTER TO EDITOR

Dear Editor of IJR

Reading the article "Multidetector CT Evaluation of Congenital Heart Disease" in volume 4 Summer 2007, has raised some questions. I would appreciate if the authors clarify them.

In figure 5, cyanosis has been mentioned as the clinical symptom of a patient suffering from VSD. VSD is a portotype of noncyanotic shunts. Only at the end stage of disease when the left to right shunt changes to right to left, cyanosis occurs. In this stage the left ventricle is small and its contrast density will be less than the right ventricle (contrary to the findings of this figure).

In figure 10, hypoplasia of the right ventricle has been mentioned as a finding of Tetralogy of Fallot (TOF). Hypertrophy of the right ventricle is a basic component of TOF which is Due to the large VSD and small flow tract.

I hope the authors describe these conflicts in more detail.

Best Regards.

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Dear Editor

With great regards, here is our response to the questions from the article "Multidetector CT Evaluation of Congenital Heart Disease":

Regarding the first question -about a patient with Down syndrome who presented with cyanosis (Fig. 5)-, as you know, patients with Down syndrome frequently have inlet type VSD, which is accompanied with valvular involvement such as mitral and tricuspid valves. This patient, too, had valvular cleft and valvular Eisenmenger, so LV shows no change in size. From another point of view, patients with Eisenmenger may have cardiac failure. Therefore, both ventricles are enlarged.

In reply to the other question about figure 10; the main goal of this figure was to show many associated cardiac anomalies in the complex form of Tetralogy of Fallot and the patient may have hypoplasia of the RV. However, it was not a typical case.

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