

hyperirritable airway and have just recommended medical management of their very common reactive airways disease.

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Approach to Patent Ductus Arteriosus

To the Editor:

We read with interest Dr Sersar and colleagues' [1] correspondence and the article by Leon-Wyss and co-authors [2] that prompted it. Both these authors have not acknowledged the presence of other minimally invasive surgical approaches to patent ductus arteriosus (PDA), the transaxillary route in particular, which is both transpleural and minimally invasive.

Our own approach to PDA has been through the transaxillary route since February 2004. The PDA interruption has been carried out successfully through this approach in 46 patients with a wide range of age (27 days to 23 years) and weight (1.8 to 35 kg). Thirty-eight patients (82.6%) were discharged on the first postoperative day. Only 2 patients required intercostal tube placement for pneumothorax postoperatively. Only 1 patient was found to have a residual PDA in the routine postoperative echocardiographic examination. In our experience we found the transaxillary route to be a viable and safe alternative to the traditional posterolateral approach. Its advantages are better cosmesis (Fig 1), less operative time, and early discharge from the hospital.



Fig 1. Transaxillary incision for patent ductus arteriosus (PDA).

Other minimally invasive surgical approaches to PDA include the anterior extrapleural approach and the transverse cervicotomy approach by Mazzera and colleagues [3] and Villa and coauthors [4], respectively, and the dorsal minithoracotomy approach by Vicente and colleagues [5].

In the treatment of PDA with mortality rate approaching zero [6], the emphasis is currently on cost effectiveness and decreasing morbidity. All these minimally invasive approaches aim to decrease costs and morbidity, and are especially relevant in a setting in which expertise and equipment for percutaneous techniques and video-assisted surgery are lacking. However, until such time as controlled trials establish the superiority of one of these approaches as opposed to the other approaches, the ideal minimally invasive surgical approach to PDA will continue to be debated.

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Does Off-Pump Coronary Artery Bypass Graft Surgery Increase Risk of Graft Occlusion?

To the Editor:

We read with great interest the article by Parolari and colleagues [1]. All five studies referred in the meta-analysis are cohort studies. When risks between groups in cohort studies are compared, the appropriate method is to calculate the relative risk (RR). The odds ratio (OR), used in the meta-analysis by Parolari and colleagues [1], is often used in case-control studies and is approximately equal to the RR only when the incidence of the event is low. However, the incidence of postoperative graft occlusion is too high (16% in the off-pump coronary artery bypass surgery [OPCAB] group vs 12% in the standard coronary artery bypass grafting [CABG] group) to justify the use of the OR. Therefore we repeated a meta-analysis using RR rather than OR.

Both separate pooled analyses using a random-effect model of