CORRESPONDENCE

Repair of Bland-White-Garland Syndrome via a Modified Technique

To the Editor:

I read with interest the paper by Manoly and colleagues¹ about their coronary extension technique, whereby they used a strip of pulmonary artery anteriorly and an aortic flap posteriorly in a 19-year-old woman who had Bland-White-Garland syndrome. Although our paper was not cited, my colleague and I had described this technique in 1992. We used it in a 21-month-old girl whose anomalous left coronary artery (LCA) arose from the anterior sinus of the pulmonary trunk.² Because the patient's aortic defect was rather small, we did not patch it.

I want to report on the long-term outcome in our patient. An aortogram showed an unobstructed LCA when she was 5 years old. Catheterization data at that time showed no significant pressure gradient in the right ventricular outflow tract (right ventricular pressure, 40/6 mmHg; pulmonary artery pressure, 36/13 mmHg). The patient is now 28 years old and is doing

well, without symptoms or reoperation. This method, which we now call the double-flap method, produced good early and long-term results and is a useful adjunctive procedure for 2-coronary-system reconstruction when the LCA ostium is distant from the aorta.

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References

1. Manoly I, Karangelis D, Viola N, Haw M. Repair of Bland-White-Garland syndrome via a modified technique. *Tex Heart Inst J* 2014;41(1):48-50.
2. Sese A, Imoto Y. New technique in the transfer of an anomalously originated left coronary artery to the aorta. *Ann Thorac Surg* 1992;53(3):527-9.

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