

Letter to the editor for the article entitled “Investigation of Postoperative Mortality-Morbidity Rates in Patients Who Underwent Repair of Total Atrioventricular Septal Defect Using Modified Single Patch or Double-Patch Techniques: A Retrospective, Single-Center, 14 Year Study”

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Dear Editor,

We read the article by Özdemir et al.¹ entitled “Investigation of Postoperative Mortality-Morbidity Rates in Patients Who Underwent Repair of Total Atrioventricular Septal Defect Using Modified Single Patch or Double-Patch Techniques: A Retrospective, Single-Center, 14 Year Study” with great interest. First of all, we congratulate the authors for their valuable contribution to the literature.

In the article, it was stated that the universe of the study consisted of 300 patients who underwent total atrioventricular septal defect (AVSD) repair with double patch or modified single patch technique (Nunn technique) in the department of pediatric cardiac surgery of a tertiary referral hospital between 2007 and 2022 and that the study was completed with a total of 111 patients after the exclusion of patients who did not meet the inclusion criteria of the study (not followed up, incomplete data, etc.). It is obvious that the results of such a study conducted with the aforementioned patient numbers are very valuable, even though the study is single-center and retrospective. On the other hand, we would like to point out some issues and ask some questions to the authors about the content of the article:

We noticed that the article lacked the necessary information on the characteristics and details of the

surgical techniques. It would have been valuable to have at least a summary of the relevant surgical techniques in the article, especially in a paper whose readership includes cardiac surgeons. It should also have been stated whether the surgical procedures were performed by the same or different surgeons.

In the Statistical Analysis section of the article, it was stated that the data were not normally distributed and were analyzed with nonparametric tests. It is a correct approach to analyze quantitative data that do not show normal distribution with non-parametric tests such as Mann-Whitney U test. However, these quantitative data (even a more correct term of "continuous variables") that did not show normal distribution were presented with mean and standard deviation values. Instead, it would have been correct to present these data with median and minimum-maximum or interquartile range values^{2,3}.

In the Results section of the article, it was stated that 57.7% of the patients had an infective event. Isn't the rate mentioned a bit high? What is meant by an infective event, what does it include? We believe that it would be more appropriate to explain this issue in more detail.

Finally, abbreviations used in the tables should be given as footnotes with explanations below the table.

Researcher Contribution Statement:

Idea and design: A.M., M.S.A.; Analysis and interpretation of data: A.M., M.S.A.; Writing of significant parts of the article: A.M., M.S.A.

Support and Acknowledgement Statement:

None.

Conflict of Interest Statement:

The authors of the article have no conflict of interest declarations.

Ethics Committee Approval:

None.

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Response to the Letter

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Dear Editor,

We sincerely thank you for your interest and constructive feedback regarding our article titled “Investigation of Postoperative Mortality-Morbidity Rates in Patients Who Underwent Repair of Total Atrioventricular Septal Defect Using Modified Single Patch or Double-Patch Techniques: A Retrospective, Single-Center, 14-Year Study.”

In response to your kind comments, we would like to address the following points:

Surgical Technique Details: Thank you for your valuable feedback on the need for more detailed surgical information. This article is derived from a master's thesis, which thoroughly describes surgical techniques. Due to journal formatting constraints, these details were summarized in the article. Nevertheless, we agree that including a brief description of the modified single patch (Nunn technique) and double-patch techniques within the text would enhance clarity for readers. Additionally, all surgical procedures were performed by a single experienced congenital cardiac surgeon, which we agree should have been explicitly stated.

Statistical Presentation: When data do not follow a normal distribution, the use of non-parametric tests (such as the Mann-Whitney U test) is statistically appropriate and valid. This principle guided our analytical approach. However, we acknowledge that continuous variables not normally distributed should be presented using median and minimum-maximum or

interquartile range (IQR), rather than mean and standard deviation. We appreciate this valuable contribution and will be more mindful of this in future studies.

Definition of Infective Events: The term “infective event” in our study includes documented postoperative infections such as surgical site infections, bloodstream infections (culture-proven), pneumonia, and urinary tract infections. Furthermore, as clearly stated in our article, any patient who developed a postoperative body temperature $\geq 38.3^{\circ}\text{C}$ due to immunosuppression from cardiopulmonary bypass was also considered infected. Although this definition is included in the article, we acknowledge your concern and agree that further clarification would have been beneficial. We appreciate your attention to this detail.

Once again, we thank you for your feedback and believe that such contributions significantly enhance scientific communication and improve the quality of our work.

References

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