




Commentary on the original article “Transcatheter closure of congenital and acquired Gerbode defects with Nit-Occlud Lê VSD (PFM) Coil. Immediate and mid-term results” by Piotr Weryński et al.



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In the publication “Transcatheter closure of congenital and acquired Gerbode defects with Nit-Occlud Lê VSD (PFM) Coil. Immediate and mid-term results”, the Authors analyze the results of percutaneous closure of left ventricular-to-right atrial defects (LV-RA) using Nit-Occlud Lê VSD-Coil. The study group included 8 patients; one of them was diagnosed with a congenital defect while the rest had LV-RA leak as a complication of previous cardiac surgery [1].

The congenital LV-RA leak defect described by Gerbode et al. [2] in 1958 is rare [$< 1\%$ of congenital heart defects (CHDs)]. Acquired leaks, which are also customarily named after the author of the first scientific paper, are more commonly described [2]. Due to the very low prevalence of LV-RA leak, the literature is dominated by descriptions of the treatment of individual cases of this defect. The largest series of patients treated percutaneously with Amplatzer Duct Occluder II kits (12 patients) was described by Vijayalakshmi et al. [3]. In view of casuistic observations and as a result of the lack of treatment guidelines, different criteria for diagnosis and eligibility are used, as well as treatment approaches – conservative, operative or interventional [4–6]. LV-RV leak kits have not been developed for interventional therapy either; therefore, vascular occluders and conventional implants designed for standard closure of atrial septal defect II (ASD II), ventricular septal defect (VSD) and patent ductus arteriosus (PDA) are used – with satisfactory results [4].

Nit-Occlud Lê VSD-Coil is an implant that has been known and successfully used in the interventional therapy of ventricular defects of various morphologies for more than 10 years. Weryński et al. [1] also point to the potential of this method in the treatment of LV-RA leaks. Notwithstanding the limitations associated with a comparative analysis of treatment results of small groups of patients in other reports, it should be emphasised that the effectiveness of the Nit-Occlud Lê VSD-Coil method for the treatment of LV-RA leaks (100%) is very good according to the present study, with a low rate of early complications (transient haemolysis was only described once) [1]. It should also be noted that, as a result of interventional therapy, the majority of patients who underwent cardiac surgery in the past (8 out of 9 patients in the presented group) avoided additional risks and adverse sequelae associated with the need for extensive reoperation due to Gerbode defect.

We would like to congratulate the Authors on the original paper, with an emphasis on a uniquely large group of patients treated with a single method, with clinical evaluation of the results over the 3-year medium-term follow-up. We confidently recommend this publication to the Editorial Committee of *Folia Cardiologica*.

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