Reply to the Comment

Reply to the Comment by Singhal M

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We appreciate Singhal M and colleagues for their interest in our article,[1] and we are delighted with their thoughtful insights into our results. We also thank the Editor for the opportunity to reply.

Firstly, we agreed with their comments that echocardiography would not be sufficient to diagnose all coronary arterial abnormalities. Still, the examination is a choice of diagnostic imaging modalities routinely used in an acute phase because of its easy and safe access enabling to assess mitral or aortic valve regurgitation as indicated by the up-to-date Kawasaki disease guidelines.[2, 3] Especially, in patients with evolving coronary arterial abnormalities detected during the acute stage of the illness, frequent observation on echocardiography, at least twice per week, is recommended until luminal dimensions have stopped enlarging, in order to determine the potential risk or the actual presence of thrombosis.[2] Obviously, it is not practical to perform Computed tomography coronary angiography (CTCA) at that frequency. Therefore, CTCA is to be recommended as one of the ongoing follow-up assessments for patients with coronary arterial lesions, once the acute phase of coronary arterial dilation stops.

If the patient were treated in our hospital from the beginning, we had offered CTCA to evaluate coronary arterial configuration. The patient had been followed-up at a local hospital where the medical team had a different follow-up protocol.

Secondly, we did not jump on to X-ray catheter coronary angiography but made the diagnosis of ALCAPA initially using CTCA as written in this article. After CTC A, we performed an X-ray catheter procedure at the surgeon's request.

We do hope that these should clarify our stance in the reported circumstance.

Conflicts of Interest

The authors have no conflicts of interest to declave.

References

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