To
The editor-in-Chief
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Respected sir,

This is in context to case report published in first edition of Nepalese journal of radiology (NJR I VOL 1 I No I ISSUE 1 I JULY-DEC , 2011) titled ," Interruption of left pulmonary artery with right sided aortic arch with TOF: A complete anomaly combination" by Kiran Gangadhar.

We have read the article with great interest and found that some points were inadvertently missing. We encountered many cases of interruption of left pulmonary artery with right sided aortic arch in patients of TOF (15 cases in 500 cases of TOF in last one year). These patients generally present with cyanosis in early childhood, and clinical features are very non specific for diagnosis of interruption. Breath sounds are generally normal on the side of interruption as the bronchi are normal. Chest x ray shows right ventricular hypertrophy pattern with lung volume loss on side of interruption and hyperinflation on other side, however no global cardiac enlargement which was there in this case.[1] Echocardiography is the cornerstone for diagnosis of TOF which shows the component of tetralogy namely right ventricular hypertrophy, aortic over ride, subaortic ventricular septal defect and infundibular/pulmonic stenosis however no mention of echocardiography report was there in this case. CT angiography report which the author had mentioned is inconclusive to diagnose this case as TOF(no mention about pulmonary stenosis , aortic override , RVH and though he had mentioned about perimembranous VSD however malalingment of ventricular septum was not commented which is an essential component of TOF. There was no comment on the status of pulmonary valve neither the status and size of left pulmonary artery at hilum, which is very important from management point of view in deciding whether single lung repair or conduit repair of interrupted artery is to be done.[2,3] In the case report discussion was mainly cornered to isolated interruption of pulmonary artery which was not the case .

In conclusion interruption of left pulmonary artery with right sided aortic arch in patients of TOF is not uncommon. Echocardiography remain the cornerstone for diagnosis, CT angiography further delineates the status of pulmonary artery and associated anomalies however catheter angiography remain the gold standard in deciding management protocol in these patient.

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