



Correspondence

Dear Editor,

After reading the article "Aortic annulus diameter on echocardiography and computed tomography angiography compared with per operative diameter" by Salman Khalid published in JCVD vol. 14, issue 04, P 82-86. The author's effort is really appreciable and it is expected that this article will add to the readers knowledge.

Aortic annular measurement is very important before surgical or percutaneous aortic valve replacement. The annulus of aortic valve varies with different stages of cardiac cycle. It is less elliptical during systole than in diastole.¹ Because of these dynamic variations the size of annulus can be underestimated. Some authors suggest to take the perimeter of aortic valve thereby reducing the linear dimensions underestimation. In 2-D Echo annulus is usually measured in parasternal long axis with measurement from leaflet attachment to another leaflet attachment which can underestimate the size of annulus.²

So it is recommended to include any calcification in that area. It is suggested to bisect the aortic valve in short axis parasternal which overcomes the underestimation. Another way is to perform 3-D TEE in coronal and sagittal views to avoid underestimation of valve annulus.³

Article citation: Khalid S, Mansoor B, Yousaf S, Akbar MA. Aortic annulus diameter on echocardiography and computed tomography angiography compared with per operative diameter. *J Cardiovasc Dis* 2018; 14(4):82-86.

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