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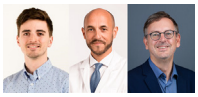

REPLY FROM THE AUTHORS: A NEED FOR RANDOMIZED PROSPECTIVE TRIAL FOR EARLY AORTIC VALVE REPAIR IN ASYMPTOMATIC AORTIC REGURGITATION

Reply to the Editor:

We sincerely appreciate the interest and positive feedback by the authors of the recent letter by Jasinski and Nienaber[1] on our paper.[2] Indeed, we clearly acknowledge the inherent limitations associated with retrospective data analysis in registries like the AVIATOR database. It is also essential to recognize that, up to this point, most of the data pertaining to outcomes in aortic regurgitation and various other valve diseases have primarily been derived from such retrospective registries. Consequently, we agree with the authors that there exists a pressing need for validation through well-structured randomized multicenter studies in cardiac surgery. Indeed, randomized trials are the paramount means by which we can establish a solid foundation of scientific evidence, one that is absolutely critical for shedding light on this pivotal aspect of cardiovascular care. In particular, they will enable us to formulate comprehensive guidelines for the management of severe isolated aortic regurgitation in asymptomatic patients requiring aortic valve repair. Hence, we wholeheartedly concur with the authors regarding the necessity of a multicenter, prospective randomized controlled trial to specifically assess the potential benefits of aortic valve repair in comparison with a strategy of watchful waiting in patients presenting with hemodynamically significant aortic regurgitation and moderate left ventricular dilatation. We therefore eagerly await the results of this proposed pivotal trial, as it represents a vital step forward in advancing our understanding of aortic regurgitation management.

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The authors reported no conflicts of interest.

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