been invoked as a cause of early recoarctation after surgical repair. It must be more likely after balloon dilatation when the ductal tissue is neither incised nor removed.

Whatever the mechanism of restenosis, it is an important problem which taken with the early failure rate makes balloon dilatation unattractive in this group of patients. Particularly because surgical repair has a low mortality,[15] and when the subclavian flap technique was used there is a low incidence of recoarctation.[16] Thus, even in the absence of longer term follow up in the present series, we consider that surgical repair remains the best treatment for most neonates presenting with coarctation of the aorta.

Balloon dilatation of coarctation of the aorta can be performed in most neonates with a good early result. It is, however, unsuccessful and potentially dangerous in patients with associated isthmal hypoplasia. Furthermore, early restenosis is common, even when complete relief of coarctation is obtained. Though the technique may be useful when there are severe associated abnormalities, it cannot be recommended for general application in neonates with coarctation of the aorta.

1 Kan JS, White RI, Mitchell SE, Farmlett EJ, Donahoo JS, Gardner TJ. Treatment of restenosis of coarctation by percutaneous transluminal angiography. *Circulation* 1983;**68**:1087–94.
2 Saul JP, Keane JF, Fellows KE, Lock JE. Balloon dilation angioplasty of postoperative aortic obstructions. *Am J Cardiol* 1987;**59**:943–8.
3 Rao PS. Which aortic coarctations should we balloon dilate? *Am Heart J* 1989;**117**:987–9.
4 Lababidi ZA, Daskalopoulos DA, Stoekle H. Transluminal balloon coarctation angioplasty: experience with 27 patients. *Am J Cardiol* 1984;**54**:1288–91.
5 Wren C, Peart I, Bain H, Hunter S. Balloon dilatation of unoperated aortic coarctation: immediate results and one year follow up. *Br Heart J* 1987;**58**:369–73.
6 Morrow WR, Vick GW, Nihill MR, *et al.* Balloon dilation of unoperated coarctation of the aorta: short and intermediate-term results. *J Am Coll Cardiol* 1988;**11**:133–8.
7 Lock JE, Bass JL, Amplatz K, Fuhrman BP, Casteneda-Zuniga W. Balloon dilatation angioplasty of aortic coarctations in infants and children. *Circulation* 1983;**68**:109–16.
8 Finley JP, Beaulieu RG, Nanton MA, Roy DL. Balloon catheter dilatation of coarctation of the aorta in young infants. *Br Heart J* 1983;**50**:411–5.
9 Attia IM, Lababidi ZA. Transumbilical balloon coarctation angioplasty. *Am Heart J* 1988;**116**:1623–4.
10 Rao PS, Najjar HN, Mardini MK, Solymar L, Thapar MK. Balloon angioplasty for coarctation of the aorta: immediate and long-term results. *Am Heart J* 1988;**115**:657–65.
11 Sos T, Sniderman KW, Rettek-Sos B, *et al.* Percutaneous transluminal dilatation of coarctation of thoracic aorta post mortem. *Lancet* 1979;**iii**:970–1.
12 Krabill KA, Bass JL, Lucas RV, *et al.* Dissecting transverse aortic arch aneurysm after percutaneous transluminal balloon dilation angioplasty for an aortic coarctation. *Pediatr Cardiol* 1987;**8**:39–42.
13 Suarez de Lezo J, Fernandez R, Sancho M, *et al.* Percutaneous transluminal angioplasty for aortic isthmic coarctation in infancy. *Am J Cardiol* 1984;**54**:1147–9.
14 Ho SY, Anderson RH. Coarctation, tubular hypoplasia, and the ductus arteriosus. Histological study of 35 specimens. *Br Heart J* 1979;**41**:268–74.
15 Kopf GS, Hellenbrand W, Kleinman C, Lister G, Talner N, Laks H. Repair of aortic coarctation in the first three months of life: immediate and long-term results. *Ann Thorac Surg* 1986;**41**:425–30.
16 Nair UR, Jones O, Walker DR. Surgical management of severe coarctation of the aorta in the first month of life. *J Thorac Cardiovasc Surg* 1983;**86**:587–90.

CORRECTION

Editorial. ST segment changes as a surrogate end point in coronary thrombolysis *W Stewart Hillis, K J Hogg* (August issue: volume 64: pages 111–2)—The authors have asked us to point out that their address should have read: Department of Medicine and Therapeutics, University of Glasgow, Stobhill General Hospital, Balornock Road, Glasgow G21 3UW.