overinflation (as they seem to imply) but to prevent rupture of the balloon. I believe that both the results and the conclusions should be presented at all cost, not only to avoid complications and risks that reported by Balaji, but also to prevent arterial injury, which is more likely during the removal of a ruptured balloon.

However, I do understand the purpose of attempting to redilate with a 12 mm balloon after a previous dilatation with a 15 mm balloon.

Third, the Olbert catheter system that Balaji et al. used in this case produces longitudinal movement of the balloon material over the internal surface of the aorta and is likely to injure the aorta further.

Based on our experience, and that reported by Cooper et al. and Hellenbrand et al. we believe that angioplasties that develop after any of the types of coarctation surgery—namely, end-to-end anastomosis after resection, subclavian flap angioplasty, patch angioplasty (Dacron, Gore-Tex, or pericardial patch), and interrupted aortic arch repair—can be successfully dilated.

To prevent aortic rupture and/or subsequent dissection it is vital to avoid manipulation of the tips of the guide wire and catheters in the region of freshly dilated coarctation and to avoid using a balloon that is larger than the descending aortic diameter at the level of the diaphragm.

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This letter was shown to the authors, who reply as follows:

Sir,—We thank Dr Rao for his helpful comments. However, we do not agree with some of them.

Dr Rao has reported seven cases of angioplasty for recoarctation without giving any patient details, particularly about the nature of their previous surgery. All the other reports from his group deal with native coarctation in 30 cases, a lesion in which the method of action of balloon angioplasty may be very different to that in recoarctation.

The 3rd International Conference on Cardiac Doppler-Echo and Color Flow Imaging will be held in Dubrovnik on 31 May to 3 June: ICCD, Dr Nikica Drinovic, Department of Cardiovascular Diseases, University Hospital Centre Trebc, Klapitica 12, 41000 Zagreb, Yugoslavia (Fax: 41 420-793. Tel: 041/434-444, 435-555).