lava. And when the dissection extends to the distal trunk of the superior mesenteric artery with thrombosed false lumen and occluded true lumen, we may describe it as a type C-III.

REFERENCES

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Response to ‘Left Renal Vein Division During Open Surgery of Abdominal Aortic Disease: A Propensity Score-matched Case-Control Study’

Thanks for the comment. Some studies indicate that left renal vein division (LRVD) is a safe procedure during aortic surgery and some demonstrate it’s association with postoperative renal insufficiency, especially in pararenal aortic aneurysm repair.1,2 The purpose of our study is to try to answer the question of whether LRVD leads to some deleterious effects or is only a marker for the complexity of the operative procedure. It’s hard to really understand the fate of the left kidney after LRVD because there has been no study evaluating split renal function. However, we do believe that the left renal vein (LRV) should be reconstructed in juxtarenal AAA patients who require suprarenal aortic clamping, in patients lacking collateral tributaries for drainage of the left kidney, or in patients with preoperative chronic renal insufficiency. Beyond this, our study confirms LRVD without reconstruction is safe for infrarenal abdominal aortic disease in Chinese patients, who have a younger average age and better preoperative renal function compared with Western populations.3

Marrocco-Trischitta et al.4 reported the safety of LRV reconstruction. Maybe it’s because of different anatomies in the treated population that we encounter the complications of intra- or postoperative bleeding associated with LRV reanastomosis. Therefore, in well-selected patients, we consider LRVD without reconstruction to be safe and can simplify the whole procedure.

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Re. ‘Left Renal Vein Division During Open Surgery of Abdominal Aortic Disease: A Propensity Score-matched Case-control Study’

We read with interest the paper by Wang et al.1 The authors have found that left renal vein division (LRVD) may be a safe maneuver during abdominal aortic surgery as it did not increase the risk of early or a late mortality and morbidity.1 Standard open repair of juxtarenal abdominal aortic aneurysm (AAA) quite frequently requires a procedure with left renal vein. Approximately 15—20% of treated AAA in our clinic are juxtarenal. However, in some cases, a LRVD and reanastomosis should be performed. According to our