We are sorry that the paper “Outcome for staged reconstructive surgery for hypoplastic left heart syndrome following antenatal diagnosis” was accompanied by an editorial based on outdated figures. Regrettably, we inadvertently sent Dr Salmon the old version on which to base his article. Had he been sent the final version, he may have drawn more positive conclusions, as the results had improved over time. Unfortunately many readers may look at the editorial only, trusting that it provides an accurate summary, rather than the paper itself. Those who did take the trouble to read both articles side by side may have been confused by the apparent discrepancies.

We would like to take this opportunity to set the record straight, by providing updated versions of figures 1 and 2 from the paper. These illustrate the continued improvement in survival rates following staged palliative reconstructive surgery for this previously fatal condition. The updated figures show that stage I survival has increased from 52% to 59%, and overall survival from 48% to 55%. For antenatally diagnosed babies, survival has risen from 49% to 55% (39/71), or from 44% to 50% (39/78) taken from an “intention to treat” basis.

The management of HLHS remains a challenge, but we are encouraged that short to medium term results continue to improve over time. Although the highest mortality still occurs at stage I, the prospects for a baby entering the Norwood programme in 2001 are considerably better than those from even 5 years ago; stage I survival has risen from 54% (7/13) in 1996 to 87% (13/15) in 2001 (p=0.05). The authors conclude that it is crucial that parents are given accurate, up-to-date figures when they are counselled about the outcome of this condition.

The Editors

References


Figure 1  Outcome of 206 fetuses with HLHS diagnosed antenatally at Guy’s Hospital between July 1995 and November 2001. TOP: termination of pregnancy; IUD: intrauterine death.

Figure 2  Outcome of 82 children with HLHS entered into the Norwood programme between July 1995 and November 2001. a/n: antenatal; p/n: postnatal.