

## Response to Letter to the Editor: Primary repair is the ideal strategy for the closure of a complete sternal cleft

*Editöre Gönderilen Mektuba Yanıt: Tam bir sternal yarığın kapatılmasında primer onarım ideal stratejidir*

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We would like to thank the authors for their interest in our article named “Repair of a complete sternal cleft in a five-month-old female infant.”<sup>[1]</sup> We also thank the authors for their reported adult case in the literature about the same medical topic.<sup>[2]</sup> They successfully performed direct repair in a 35-year-old female with a defect width of 6 cm.

The authors stated that the huge amount of foreign material with the potential for untoward reactions, infection, extra weight on the sternum, and the difficulty of going back for cardiac or mediastinal surgical procedures in the future are the main drawbacks and hazards of secondary reconstruction. We believe that their opinions are correct. However, as reported in the literature, if primary closure is not possible due to a wide sternal gap, secondary maneuvers, including autologous grafting or reconstruction materials, should be considered.<sup>[3,4]</sup> Furthermore, the usage of metallic plates is favored in patients with an insufficient sternal bone.<sup>[5]</sup> Our patient had an isolated complete sternal with a defect size of about 6 cm (too wide for an infant), and thus, we preferred secondary reconstruction in our case. The patient was carefully monitored during the surgery, which demonstrated no cardiac compression signs, and control echocardiography at the first year was normal.

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