

Change in Surgical Conduct Motivated by Intraoperative Transesophageal Echocardiogram

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To the Editor,

We would like to express our enthusiasm with the repercussion of the article "Change in Surgical Conduct Motivated by Intraoperative Transesophageal Echocardiogram", since the two letters published in the last issue of the journal mentioned it.

Regarding the brilliant explanation on the estimated systolic blood pressure of the pulmonary artery in cases of right ventricular outlet (RVO) obstruction, we would like to thank the author and to state that it would be the correct way of doing it. Similarly, we would like to add that the main role of transesophageal echocardiogram in cases of RVO obstruction is to confirm the diagnosis, demonstrate the degree of obstruction, and rule out other associated anomalies. Therefore, our exam did what it is recommended in the literature showing that the cause of obstruction was not valvular stenosis, according to a prior exam, but RVO obstruction, adding the finding of interventricular communication, besides evaluating the severity of the obstruction and allowing adequate surgical correction.

We were very pleased to know that our country has already a service of intraoperative echocardiogram implemented by

anesthesiologists. This is without a doubt a reason of pride for Brazilian Anesthesiology, and we would like to congratulate their founders.

We agree with Dr. Kleber, from Anesthesiology Service of *Santa Casa de Campo Grande* and we also believe it is time to create a model based on our reality. We are aware of the difficulties imposed by echocardiogram training, which requires not only a large amount of time, but also investment on the purchase of the echocardiogram equipment, which is expensive. Due to the type of management of our health system, it does not allow proper economic return on exams charged by the anesthesiologist.

We believe that it is up to those who believe on the method along with the society to disseminate the method among Brazilian anesthesiologists. Perhaps, one day we might rely on a specific structure for its practice.

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