To the Editor:

We read with interest the report by Balzer et al.1 of a case of infective endarteritis in a patient with a clinically silent patent ductus arteriosus. Balzer et al. are to be commended for their prompt diagnosis and effective treatment of this unique case. However, their suggestion that all patients with a clinically silent patent ductus arteriosus receive routine antibiotic prophylaxis and surgical ligation of the ductus arteriosus is best considered a “benign malady.”

Although we agree wholeheartedly with the decision by Balzer et al.1 to surgically close their patient’s ductus arteriosus, we must caution against the suggestion that all patients with a clinically silent patent ductus arteriosus receive routine antibiotic prophylaxis and surgical ligation. The bulk of clinical evidence continues to support the conclusion of Latson4 that the clinically silent patent ductus arteriosus is best considered a “benign technomalady.”

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REFERENCES

REPLY

To the Editor:

We thank Drs. Lloyd and Beekman for their thoughtful comments regarding our case report. We certainly appreciate the clinical and economic ramifications of screening for antibiotic prophylaxis and surgical ligation of all clinically silent patent ductus arteriosus. It was not our intention to suggest that this should be done. Our intention was to report a previously unrecognized association that does exist and to make physicians recognize that endarteritis is a potential complication of patent ductus arteriosus.

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