

REFERENCES

1. Beauchesne LM, Warnes CA, Connolly HM, Ammash NM, Grogan M, Michels VV. Prevalence and clinical manifestations of 22q11.2 microdeletion in adults with selected conotruncal abnormalities. *J Am Coll Cardiol* 2005;45:595-8.
2. Pivnick EK, Velagaleti GVN, Wilroy RS, et al. Jacobson syndrome: report of a patient with severe eye anomalies, growth hormone deficiency, and hypothyroidism associated with deletion 11(q23q25) and review of 52 cases. *J Med Genet* 1996;33:772-8.

REPLY

We appreciate the interest of Dr. Freeman and her colleagues in our recent publication on 22q11.2 microdeletion in adults (1). The data they present are in keeping with the literature that indicates certain conotruncal anomalies, such as pulmonary atresia/VSD, are frequently associated with 22q11.2 microdeletion. Although the patients who were positive for 22q11.2 microdeletion in their center had "classic" features of the syndrome (two-thirds had dysmorphic features and two-thirds significant developmental delay), in our prospective cohort a significant proportion did not have these findings. We would also like to remind the readership that at the present time our position on screening adults is that it should be individualized as opposed to mandatory. We believe screening should be *considered* in patients with "high-risk" cardiac lesions, or if there is the presence of specific clinical features that are associated with 22q11.2 microdeletion as listed in our report (1). The

pros and cons of screening should be discussed with each patient so that a decision, based on informed consent, can be made (2).

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1. Beauchesne LM, Warnes CA, Connolly HM, Ammash NM, Grogan M, Michels VV. Prevalence and clinical manifestations of 22q11.2 microdeletion in adults with selected conotruncal abnormalities. *J Am Coll Cardiol* 2005;45:595-8.
2. Bristow JD, Bernstein HS. Counseling families with chromosome 22q11 deletions: the catch in CATCH-22. *J Am Coll Cardiol* 1998; 32:499-501.

CORRECTION

Costa RA, Mintz GS, Carlier SG, Lansky AJ, Moussa I, Fujii K, Takebayashi H, Yasuda T, Costa JR Jr., Tsuchiya Y, Jensen LO, Cristea E, Mehran R, Dangas GD, Iyer S, Collins M, Kreps EM, Colombo A, Stone GW, Leon MB, Moses JW. Bifurcation Coronary Lesions Treated With the "Crush" Technique: An Intravascular Ultrasound Analysis. *J Am Coll Cardiol* 2005;46:599-605.

In the opening paragraph of the article, the second sentence should read: "Regardless of the technique, restenosis rates after bare metal stenting were high (40% to 60%), especially at the ostium of the side branch (SB) (1-3) where lesions frequently present with negative remodeling before PCI and suboptimal angiographic results after PCI (1,4)."

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