Letter to the Editor

T IS ONLY VERY RECENTLY THAT WE HAVE HAD THE opportunity to study the editorial comment prepared by Dr Dickinson with regard to our study published in *Cardiology in the Young* (1998; 8: 500–505). May we offer the following comments in clarification?

First, when we examined all the 1053 newborns in a period of 4 months in our institute by echocardiography and Doppler, the prevalence of small muscular ventricular septal defects was 53.2/1000. Results were similar in pre-term infants.

Second, when we examined these babies, together with the other babies who were referred to from the community and in whom echo-Doppler was not performed during the neonatal period, the prevalence dropped to 12.6/1000.

Thus, we conclude that the prevalence of small muscular defects is dependent upon the way in which the babies are examined.

Nowadays, we do not worry the parents. We explain to them that this 'little hole in the ventricular septum is nothing to be afraid of'. In our experience, the great majority close over a short period of months, and will permit a normal life. In the cases we have now studied subsequent to closure, there has been no incidence of left anterior hemiblock.

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