We congratulate Yüksel et al. for their valuable study. Extracorporeal membrane oxygenation (ECMO) is undoubtedly the only option in postcardiotomic heart failure cases in the pediatric patient group. Therefore, we are unable to have any negative criticism about ECMO practice in this group of patients. However, there is something we are curious about. You have pointed that ECMO is frequently used for mechanical support in pediatric cardiac surgery patients with failure to wean from cardiopulmonary bypass (CPB). The accurate treatment of these patients needs circulatory support with the venting of the left ventricle. This treatment would allow time for the regeneration of the left ventricle; therefore, the weaning of the circulatory support can be achieved in these patients.

In addition, ECMO alone without venting the left ventricle has a limited benefit in patients with postcardiotomy circulatory failure. It can even worsen the current situation by increasing afterload due to arterial cannulation.

Thus, what is the authors’ opinion about ECMO alone treatment and how can venting of the left ventricle be added to the treatment of patients with postcardiotomy circulatory failure?

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with biventricular anatomy had an atrial septal defect or patent foramen ovale.

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