Dear Editor,

We have read the article of Akgedik et al.\[1\] with a great interest, as we also encountered a similar case. Unfortunately, our case died from early postoperative massive hemoptysis following cardiopulmonary bypass. This condition is associated with high mortality and its early diagnosis is difficult. In such cases, early diagnosis and prompt treatment is critical. We, therefore, appreciate the authors for their endeavors.

Anatomically, the aorta and pulmonary truncus are covered with a common adventitia. In Type A aortic dissections, aneurysm is opened in the pericardium in case of anterior ruptures and pericardial tamponade occurs. In case of posterior or left lateral wall ruptures, extravasated blood directly enters to the media and adventitia of the left pulmonary or main pulmonary arteries, advancing toward the pulmonary interstitium or alveoli.\[2\] Extravasated blood from the aorta passes into the pulmonary interstitium through high pressure, leading to intrapulmonary hemorrhage or hemoptyysis.\[3\]

Nonetheless, relevant data regarding the relationship between diffuse alveolar hemorrhage and aortic dissection or its underlying mechanism are not available in the aforementioned study. To the best of our knowledge, the mechanism of hemoptysis is as mentioned above. We would like to be informed about the opinions of the authors regarding the underlying mechanism whether or not they agree with us. We believe that their opinion on this topic would provide further contribution to their study.

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REFERENCES

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