Response

To the Editor,

We are pleased by the interest shown by Bendayán et al regarding our letter to the editor recently published in the *Revista Española de Cardiología*,[1] and we would like to make some points regarding their relevant comments. We agree that the greatest clinical repercussion of the cor triatriatum dexter (CTD) occurs when this condition is obstructive, although we cannot exclude other manifestations that can also have clinical relevance when there is no obstruction. Complications related to invasive procedures are among those attributable to CTD, as they can impede catheter insertion,[2] and even cause it to become trapped.[3] Furthermore, both atrial tachyarrhythmias and embolic phenomena are among the possible clinical manifestations described for this malformation.[4] As Bendayán et al highlighted, this condition is poorly described in the literature, which is more likely due to the rarity of the malformation than to it being of little clinical relevance.[5]

Although it is true that the CTD diagnosis is complex, as there is no clear way of defining the different anatomical variations due to persistent right sinus venous valve, we believe that this is a relevant (although infrequent) condition that must be taken into account even in cases where flow obstruction is not present.

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