Condensed Contents

Editorial

519 Acute hepatitis C virus and cardiac surgeons
R. S. Thurston

Point/Counterpoint

521 Point: Minimally invasive bipolar radiofrequency ablation of lone atrial fibrillation: Early multicenter results
E. Beyer, R. Lee, and B.-K. Lam

527 Counterpoint: Minimally invasive bipolar radiofrequency ablation of lone atrial fibrillation: Early multicenter results
R. J. Shemin

Congenital Heart Disease (CHD)

529 Brain maturation is delayed in infants with complex congenital heart defects

538 Congenital supravalvar mitral ring: An underestimated anomaly
A. Toscano, L. Pasquini, R. Iacobelli, R. M. Di Donato, F. Raimondi, A. Carotti, V. Di Cionno, and S. P. Sanders

543 Factors predicting the progress of mitral valve disease in surgically treated adults with ostium primum atrial septal defects
V. Agarwal, S. K. Aggarwal, and C. D. Voleti

548 Specific issues after surgical repair of partial atrioventricular septal defect: Actuarial survival, freedom from reoperation, fate of the left atrioventricular valve, prevalence of left ventricular outflow tract obstruction, and other events
U. K. Chowdhury, B. Airan, A. Malhotra, A. K. BisoI, M. Kalaivanl, R. M. Govindappa, and P. Venugopal

556 Minimally invasive perventricular device closure of an isolated perimembranous ventricular septal defect with a newly designed delivery system: Preliminary experience
X. Quansheng, P. Silin, Z. Zhongyun, R. Youbao, L. Shengde, C. Qian, D. Shuhua, H. Kefeng, J. Zhixian, and W. Qin

560 Fontan hemodynamics: Importance of pulmonary artery diameter

General Thoracic Surgery (GTS)

565 Is botulinum toxin injection of the pylorus during Ivor–Lewis esophagogastrectomy the optimal drainage strategy?
R. J. Cerfolio, A. S. Bryant, C. L. Canon, R. Dhawan, and M. A. Eloubeidi

573 Tailored cricoplasty: An improved modification for reconstruction in subglottic tracheal stenosis
M. Liberman, and D. J. Mathisen

580 Expression of LKB1 tumor suppressor in non–small cell lung cancer determines sensitivity to 2-deoxyglucose
L. J. Inge, K. D. Coon, M. A. Smith, and R. M. Bremner

587 Predictors of major morbidity and mortality after esophagectomy for esophageal cancer: A Society of Thoracic Surgeons General Thoracic Surgery Database risk adjustment model
C. D. Wright, J. C. Kucharczuk, S. M. O'Brien, J. D. Grab, and M. S. Allen

597 Stereotactic radiosurgery for the treatment of stage I non–small cell lung cancer in high-risk patients

(continued on page 6A)
605 Change in maximum standardized uptake value on repeat positron emission tomography after chemoradiotherapy in patients with esophageal cancer identifies complete responders
R. J. Cerfolio, A. S. Bryant, A. A. Talati, R. M. Cerfolio, and T. S. Winokur

610 Surgical treatment is decisive for outcome in chondrosarcoma of the chest wall: A population-based Scandinavian Sarcoma Group study of 106 patients
B. Widhe, and Prof. H. C. F. Bauer

615 CXCL12 and CXCR4 in adenocarcinoma of the lung: Association with metastasis and survival

622 Survival according to the site of bronchial microscopic residual disease after lung resection for non–small cell lung cancer
S. Collaud, M. Bongiovanni, J.–C. Pache, G. Fioretta, and J. H. Robert

Acquired Cardiovascular Disease (ACD)

627 Evolution in the management of the total thoracic aorta

635 Management of moderate functional mitral regurgitation at the time of aortic valve replacement: Is concomitant mitral valve repair necessary?
C. K. N. Wan, R. M. Suri, Z. Li, T. A. Orszulak, R. C. Daly, H. V. Schaaf, and T. M. Sundt, III

641 Valve-sparing and valve-replacing techniques for aortic root replacement in patients with Marfan syndrome: Analysis of early outcome


650 Off-pump versus on-pump myocardial revascularization in patients with ST-segment elevation myocardial infarction: A randomized trial

658 Metabolic syndrome is an independent risk factor for stroke and acute renal failure after coronary artery bypass grafting

664 Effects of endoscopic thoracic sympathectomy for primary hyperhidrosis on cardiac autonomic nervous activity
J. Cruz, J. Sousa, A. G. Oliveira, and L. Silva-Carvalho

670 Ministernotomy versus conventional sternotomy for aortic valve replacement: A systematic review and meta-analysis
M. L. Brown, S. H. McKellar, T. M. Sundt, and H. V. Schaff

679 Treatment of aortic stenosis with aortic valve bypass (apicoaortic conduit) surgery: An assessment using computational modeling
E. Balaras, K. S. Cha, B. P. Griffith, and J. S. Gammie

Cardiothoracic Transplantation (TX)

688 Does reperfusion injury still cause significant mortality after lung transplantation?

695 CD4+ T lymphocytes mediate acute pulmonary ischemia–reperfusion injury
Z. Yang, A. K. Sharma, J. Linden, I. L. Kron, and V. E. Laubach

Evolving Technology (ET)

703 A new strategy for prevention of anastomotic stricture using tacrolimus-eluting biodegradable nanofiber
M. Mutsuga, Y. Narita, A. Yamawaki, M. Satake, H. Kaneko, Y. Suematsu, A. Usui, and Y. Ueda

(continued on page 8A)
710 Effect of work-hour restriction on operative experience in cardiothoracic surgical residency training

Cardiopulmonary Support (CSP)

714 Dynamic fluid shifts induced by fetal bypass
R. S. Baker, C. T. Lam, E. A. Heeb, and P. Eghtesady

723 Acute hyperglycemia enhances oxidative stress and exacerbates myocardial infarction by activating nicotinamide adenine dinucleotide phosphate oxidase during reperfusion
Z. Yang, V. E. Laubach, B. A. French, and I. L. Kron

730 Removal of prostaglandin E2 and increased intraoperative blood pressure during modified ultrafiltration in pediatric cardiac surgery

736 Evaluation of platelet activation in patients supported by the Jarvik 2000® high–rotational speed impeller ventricular assist device
C. Löffler, A. Straub, N. Bassler, K. Kernice, F. Beyersdorf, C. Bode, M. P. Siegenthaler, and K. Peter

742 Contractile function is preserved in unloaded hearts despite atrophic remodeling

Brief Communications: Clinical

747 Malignant transformation of tracheal inflammatory pseudotumor: A case report
S. A. Tabataabaei, S. M. Hashemi, M. A. Nejad, A. H. Davaranpanah Jazi, M. Eidy, P. Mahzouri, and A. Hekmatnia

749 Infective mitral valve myxoma with coronary artery embolization: Surgical intervention followed by prolonged survival
F. Yao, Z.-y. Xu, Y.-l. Liu, and L. Han

751 Familial fetal-type rhabdomyoma of the tricuspid valve in the neonate: Malignant course for a benign disease
F. Viscardi, G. Errico, N. Schiavo, P. Biban, A. Mazzucco, and G. B. Luciani

753 Diagnosis and management of tritruncal heart in an infant
G. J. Pelletier, M. Sokoloski, and R. Kardon

756 Left atrial ball thrombus associated with severe left ventricular dysfunction due to aortic valve stenosis in a patient on dialysis
M. Nakajima, K. Tsuchiya, Y. Okamoto, K. Yano, and T. Kobayashi

757 Long-term cardiac remodeling after salvage partial left ventriculectomy in an infant with anomalous left coronary artery from the pulmonary artery
S. Westaby, N. Archer, and S. G. Myerson

760 Atrial septal defect repair after a 10-month treatment with bosentan in a patient with severe pulmonary arterial hypertension: A case report

762 Use of mitral homograft to support a mechanical valve prosthesis: A feasible solution for recurrent mitral valve dysfunction

763 Concomitant giant coronary artery and coronary sinus aneurysms
B. Sareyyupoglu, J. E. Davies, G. Lin, and T. M. Sundt

765 Rapid extracorporeal life support rescue in patients undergoing the Norwood procedure
N. Roy, I. M. Rebeyska, J. Atallah, and D. B. Ross

766 Treatment of anastomotic leaks after esophagectomy with endoscopic hemoclips
C. Tekinbas, M. M. Erol, R. Akdogan, S. Türkyılmaz, and M. Aslan

(continued on page 10A)
Sleeve resection of the left main bronchus for delayed extraction of a chicken bone
A. Toker, S. Tanju, and B. Ozkan

A successful neonatal repair of congenital aortic aneurysm with cleft sternum
Y. Hirata, M. S. Arkovitz, C. C. Marboe, and R. S. Mosca

Successful bilateral lung transplant from a donor with a tracheal right upper lobe bronchus
J. M. H. Hendriks, I. Deblier, B. Dieriks, A. Janssens, W. Coosemans, P. ten Broecke, and P. Van Schil

Transcatheter aortic valve intervention through the axillary artery for the treatment of severe aortic stenosis
A. W. Asgar, M. J. Mullen, N. Delahunty, S. W. Davies, M. Dalby, M. Petrou, A. Kelleher, and N. Moat

Palliative bidirectional Glenn anastomosis for unresectable metastasis in the right ventricle from renal cell carcinoma 16 years after nephrectomy
N. Morimoto, K. Morimoto, Y. Morimoto, T. Sakamoto, A. Tanaka, M. Matsumori, K. Okada, and Y. Okita

Repair for acute type A aortic dissection with a long elephant trunk technique

Left atrial hybrid closure of muscular ventricular septal defects with the Amplatzer device
C. W. Baird, H. Stern, and L. Watts

The particle gel immunoassay as a rapid test to rule out heparin-induced thrombocytopenia?

A potential of autologous pericardium for a sustained-release carrier of vancomycin: A pilot study in vitro

Letters to the Editor

Meeting Proceedings: Highlights from the 2008 American Heart Association Scientific Session

Meetings and Courses

Announcements

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(continued on page 12A)
Cover Photographs

Left: From Treatment of Anastomotic Leaks After Esophagectomy With Endoscopic Hemoclips.

This Endoscopic picture shows the closure of an anastomotic leak with hemoclips.

Center: From Left Atrial Hybrid closure of muscular VSD’s with Amplatzer device.

Superior left atrial approach for hybrid closure of a muscular VSD. Via a right atriotomy, the right ventricle is inspected for the muscular VSD. A right angle is then passed through the anterior superior portion of the left atrium into the left ventricle and through the VSD into the right ventricle. An exchange guide wire is passed through the tricuspid valve to the right angle and pulled up through the mitral valve and out the left atriotomy. A sheath is passed over the guidewire from the right atrium through the muscular VSD into the left ventricle, the wire and dilator are removed, and the devise is deployed under direct vision.

Right: From Minimally Invasive Bipolar Radiofrequency Ablation of Lone Atrial Fibrillation: Early Multicenter Results.

This illustration depicts the left superior and inferior pulmonary veins in relation to areas densely populated by Autonomic Ganglionic Plexi (AGP). M1 denotes medial station 1, L1 denotes lateral station 1, M2 denotes medial station 2, L2 denotes lateral station 2, and so on. These stations allow the surgeon to systematically map the presence of AGP by stimulating them with high-frequency energy; all positively identified AGP are then ablated. The adjunctive ablation of AGP in association with pulmonary vein isolation, during minimally invasive surgical ablation of atrial fibrillation, has been shown to improve the overall success in restoring normal sinus rhythm in patients suffering from lone atrial fibrillation.