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      John W. Hammon, MD, Winston-Salem, NC

1202  Is it time to choose amiodarone for postoperative atrial fibrillation?
      Adam E. Saltman, MD, Worcester, Mass

1204  Risky business
      Christina T. Mora Mangano, MD, Stanford, Calif

Cardiothoracic Transplantation (TX)

1208  Experimental lung preservation with Perfadex: Effect of the NO-donor
      nitroglycerin on postischemic outcome
      Thorsten Wittwer, MD, PhD, Johannes M. Albes, MD, PhD, Antonia Fehrenbach, PhD,
      Thomas Pech, MS, Ulrich F. W. Franke, MD, Joachim Richter, MD, PhD, and
      Thorsten Wahlers, MD, PhD, Jena and Göttingen, Germany

      Perfadex solution provides excellent lung preservation in contrast to Euro-Collins solution.
      Supplementation of the NO pathway by adding nitroglycerin to Perfadex solution can further
      optimize postischemic lung function by providing beneficial dilatory effects to the pulmonary
      vasculature and might therefore represent an easily applicable tool in clinical lung
      transplantation.

1217  Myocardial viability twenty-four hours after orthotopic heart
      transplantation from non–heart-beating donors
      Juergen Martin, MD, Georg Lutter, MD, Christian Ihling, MD, Matthias Siepe, MD,
      Susanne Wagner, BS, Jan Hilberath, MD, Michael Kemper, MD, Koppany Sarai, MD, and
      Friedhelm Beyersdorf, MD, Freiburg, Germany

      Hearts from non–heart-beating donors were transplanted orthotopically in a pig model. After 24
      hours, contractility had recovered to baseline values, and regional myocardial blood flow was
      increased versus baseline values. Myocardial oxygen consumption remained unchanged.
      Histologic examination revealed only a few irreversibly damaged myocytes.
1229  Midterm results after restoration of the morphologically left ventricle to the systemic circulation in patients with congenitally corrected transposition of the great arteries
Stephen M. Langley, MD, FRCS (CTh), David S. Winlaw, FRACS, Oliver Stumper, MD, Rami Dhillon, MRCP, Joseph V. de Giovanni, FRCP, John G. Wright, FRCP, Paul Miller, MRCP, Babulal Sethia, FRCS, David J. Barron, MD, FRCS (CTh), and William J. Brawn, FRCS, FRACS, Birmingham, United Kingdom

Fifty-four patients underwent anatomic correction of congenitally corrected transposition of the great arteries. Early mortality was 5.6%, and 9-year survival was 89.7%, with 94% of survivors in New York Heart Association functional class I. Continued surveillance is necessary to determine the functions of the aortic valve and of the morphologically left ventricle in the systemic circulation.

1242  Cardioprotective effects and the mechanisms of terminal warm blood cardioplegia in pediatric cardiac surgery
Yoshiya Toyoda, MD, Masahiro Yamaguchi, MD, Naoki Yoshimura, MD, Shigeteru Oka, MD, and Yutaka Okita, MD, Kobe, Japan

We evaluated the cardioprotective effects and the mechanisms of terminal warm blood cardioplegia in 103 consecutive pediatric patients in a prospective randomized manner. Terminal warm blood cardioplegia enhances myocardial protection in pediatric heart surgery by improvement in aerobic energy metabolism and reduction of myocardial injury or necrosis.

1252  The modified Fontan procedure: Early and late results in 132 adult patients

In properly selected adult patients with functional single ventricle, the modified Fontan procedure can be performed with early mortality similar to younger patients. Early mortality is more likely with complex lesions. The majority of late survivors have a good quality of life.

1260  Procoagulant and anticoagulant factor abnormalities following the Fontan procedure: Increased factor VIII may predispose to thrombosis
Kirsten C. Odegard, MD, Francis X. McGowan, Jr, MD, David Zurakowski, PhD, James A. DiNardo, MD, Robert A. Castro, MT, Pedro J. del Nido, MD, and Peter C. Laussen, MBBS, Boston, Mass

Pro- and anticoagulant factor abnormalities were demonstrated in patients with single ventricle cardiac defects after the Fontan procedure, including significantly elevated factor VIII, which could be an independent risk factor for thromboembolism.
1268  Myocardial apoptosis after cardioplegic arrest in the neonatal lamb
James M. Hammel, MD, Christopher A. Caldarone, MD, Timothy L. Van Natta, MD, Li Xing Wang, MD, PhD, Karl F. Welke, MD, Weigen Li, MD, PhD, Scott Niles, BA, Elise Barner, MAT, BA, Thomas D. Scholz, MD, Douglas M. Behrendt, MD, and Jeffrey L. Segar, MD, Iowa City, Iowa

Increased myocardial apoptosis was observed in neonatal lambs after cold hyperkalemic cardioplegic arrest. An altered balance of proapoptotic and antiapoptotic mediators was observed.

1276  Induced fibrillation is equally effective as crystalloid cardioplegia in the protection of fetal myocardial function
Sunil P. Malhotra, MD, Stephan Thelitz, MD, R. Kirk Riemer, PhD, V. Mohan Reddy, MD, Sam Suleman, BS, and Frank L. Hanley, MD, Stanford, Calif

Fetal cardiac surgery holds promise for the treatment of lesions that increase in complexity as a result of pathologic blood-flow patterns during development. However, strategies to protect the fetal myocardium have not been studied. In this study normothermic fibrillation and hypothermic cardioplegia were found to provide equivalent levels of fetal myocardial protection.

1283  Novel technique for isolated accessory right heart transplantation for congenital heart disease
John Elefteriades, MD, Costantinos Lovoulos, MD, Randolph Edwards, MD, Shawn Tittle, MD, Timothy Riley, MD, Paul Tang, MD, Edward Rocco, CCP, and Gary Kopf, MD, New Haven, Conn

A novel technique is reported for transplanting an isolated donor right heart to supplement a complete recipient heart. The technique proved technically feasible and hemodynamically successful in short-term animal experiments. This technique might potentially represent a new alternative for treatment of congenital obstructive or hypoplastic lesions of the right heart in human children.

1291  Late recovery of atrioventricular conduction after pacemaker implantation for complete heart block associated with surgery for congenital heart disease
Anjan S. Batra, MD, Winfield J. Wells, MD, Kathy W. Hinoki, RN, MSN, Robert A. Stanton, MD, and Michael J. Silka, MD, Los Angeles, Calif

Late recovery of AV conduction occurred in 7 of 72 patients who had undergone pacemaker implantation for complete heart block after surgery for congenital heart disease. Once conduction had returned, recurrence of heart block was not observed, suggesting that lifelong permanent pacing may not be necessary.