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Elliot T. Gelfand, MD, MS, FRCSC, FACS, FACC, FCCP, Edmonton, Alberta, Canada

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Robert M. Sade, MD, for the American Association for Thoracic Surgery Ethics Committee and The Society of Thoracic Surgeons Standards and Ethics Committee, Chicago, Illinois

278 Why are we still talking about open repair of descending aneurysms?
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Expert Commentary
280 Commentary on the American College of Cardiology/American Heart Association/Heart Rhythm Society 2008 Guidelines for Device-Based Therapy of Cardiac Rhythm Disorders
A. Marc Gillinov, MD, Cleveland, Ohio

With appropriate training, surgeons can place both endovascular and epicardial leads and corresponding generators.

Surgery for Congenital Heart Disease (CHD)
283 Gene array analysis of a rat model of pulmonary arteriovenous malformations after superior cavopulmonary anastomosis
Russell S. Tipps, BSc(Hons), Muhammed Munitaz, MD, Patrick Leahy, PhD, and Brian W. Duncan, MD, Cleveland, Ohio

GeneChip technology was used to investigate the gene expression profile in the lungs of a rat model of pulmonary arteriovenous malformations developing after cavopulmonary anastomosis. Significant modulation in expression of a number of genes was found, including several involved in angiogenesis and vascular remodeling.

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290 Durability of hand-sewn valves in the right ventricular outlet
Graham R. Nunn, MBBS (Hon), FRACS, AM, Jayme Bennetts, MB, BS, FRACS, and Ella Onikul, MB, BS, FRACR, Bedford Park, Australia

We performed a review of all hand-sewn right ventricular outlet valves created by the author for which the native pulmonary valve could not be preserved. Fresh autologous pericardial monocusps demonstrated poor competence in follow-up, as did PTFE (Gore-Tex) 0.1-mm monocusps. Bileaflet PTFE 0.1-mm outlet valves that evolved from the PTFE monocusp valve concept have remained competent with regurgitant fractions of 5% to 30% by magnetic resonance imaging angiography, and this has remained stable with time. Maximum follow-up for this valve is 5 years.

298 Myocardial revascularization in infants and children by means of coronary artery proximal patch arterioplasty or bypass grafting: A single-institution experience
Eric Bergoën, MD, Olivier Raisky, MD, Alexandra Degandt, MD, Daniel Tamisier, MD, Daniel Sidi, MD, and Pascal Vouhé, MD, Paris, France

To report our experience with myocardial revascularization in infants and children, we reviewed the data of 25 patients who had a surgical arterioplasty and 8 patients who had coronary bypass grafting in our institution. Proximal patch arterioplasty could adequately enlarge coronary lesions, with good mid-term patency rate and clinical functional status.

307 Cardiac surgery in adults performed at children’s hospitals: Trends and outcomes
William T. Mahle, MD, Paul M. Kirshbom, MD, Kirk R. Kanter, MD, and Brian M. Kogon, MD, Atlanta, Ga

In a consortium of 37 children’s hospitals, a significant proportion of all cardiac surgery is performed in adults older than 21 years. The majority of these operations do not require complex intracardiac procedures, and the overall hospital mortality is low (1.9%).

312 Use of mathematic modeling to compare and predict hemodynamic effects of the modified Blalock–Taussig and right ventricle–pulmonary artery shunts for hypoplastic left heart syndrome
Edward L. Bove, MD, Francesco Migliavacca, PhD, Marc R. de Leval, MD, Rossella Balossino, PhD, Giancarlo Pennati, PhD, Thomas R. Lloyd, MD, Sachin Khambadkone, MD, Tain-Yen Hsia, MD, and Gabriele Dubini, PhD, Ann Arbor, Mich; Milan, Italy and London, United Kingdom

Three-dimensional computer flow modeling was used to evaluate the hemodynamic effects of the modified Blalock–Taussig and right ventricle–pulmonary artery shunts in hypoplastic left heart syndrome. Close correlation was observed between predicted and observed data.

321 The safety, efficacy, and pharmacokinetics of esmolol for blood pressure control immediately after repair of coarctation of the aorta in infants and children: A multicenter, double-blind, randomized trial
Sarah Tabbutt, MD, PhD, Susan C. Nicolson, MD, Peter C. Adamson, MD, Xuemei Zhang, MS, Marc L. Hoffman, MD, Winfield Wells, MD, Carl L. Backer, MD, Francis X. McGowan, MD, James S. Tweeddel, MD, Paula Bokesch, MD, and Mark Schreiner, MD, Philadelphia, Pa, Los Angeles, Calif, Chicago, Ill, Boston, Mass, Cleveland, Ohio, New Providence, NJ

This multicenter, randomized, dose-range trial (125-500 mg/kg) reports the change in systolic blood pressure (SBP) and the need for antihypertensive rescue medication after the initiation of esmolol immediately after repair of coarctation. Esmolol resulted in a significant decrease in SBP. The SBP response and need for rescue medication were not different between dose groups.

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329  Sinus node dysfunction after repair of partial anomalous pulmonary venous connection
Hiroaki Takahashi, MD, Yoshihiro Oshima, MD, Masahiro Yoshida, MD, Masahiro Yamaguchi, MD, PhD, Kenji Okada, MD, PhD, and Yutaka Okita, MD, PhD, Kobe, Japan

The incidence of arrhythmia after various surgical techniques for partial anomalous pulmonary venous connection repair was reported. Atrial pedicle flap repair, which requires incision or suture crossing the crista terminalis, could cause sinus node dysfunction. However, intra-atrial rerouting with a patch or direct suture maintains normal sinus node function postoperatively.

335  Remote ischemic preconditioning elaborates a transferable blood-borne effector that protects mitochondrial structure and function and preserves myocardial performance after neonatal cardioplegic arrest
Lixing Wang, MD, PhD, Norihiko Oka, MD, Michael Tropak, PhD, John Callahan, PhD, John Lee, MD, Greg Wilson, MD, Andrew Redington, MD, and Christopher A. Caldarone, Toronto, Ontario, Canada

Remote preconditioning elicits a transferable blood-borne factor that confers protection on mitochondrial structure and function as well as global performance after neonatal cardioplegic arrest.

343  Left ventricular unloading before reperfusion reduces endothelin-1 release and calcium overload in porcine myocardial infarction
Sophie Tamareille, PhD, Hela Achour, MD, James Amri, BA, Patricia Felli, BS, Roger J. Bick, PhD, Brian Poirier, MS, Yong J. Geng, MD, PhD, William H. Barry, MD, and Richard W. Smalling, MD, PhD, FACC, Houston, Tex, Salt Lake City, Utah

Endothelin-1 release and calcium overload are important mediators of reperfusion injury. They can be significantly reduced by LV unloading before coronary artery reperfusion during MI.

352  Comparison between adult and infant lung injury in a rabbit ischemia-reperfusion model
Wanshan Qiu, MD, Liang Zheng, MD, Haiyong Gu, MD, Duan Chen, MD, PhD, and Yijiang Chen, MD, Nanjing, China and Trondheim, Norway

Comparison between adult and infant rabbits revealed that infant lung is more susceptible than adult lung to IR-induced damage. The underlying mechanism might involve a combination of low antioxidant capacity and overproduction of reactive oxygen species and Ca^{2+} at the mitochondrial level in infants.

360  Gene expression profiling from endomyocardial biopsy tissue allows distinction between subentities of dilated cardiomyopathy
Volker Ruppert, MD, Thomas Meyer, MD, Sabine Pankuweit, PhD, Eva Möller, PhD, Reinhard C. Funck, MD, PhD, Wolffram Grimm, PhD, and Bernhard Maisch, MD, on behalf of the German Heart Failure Network, Marburg, Baldingerstrasse, and Jena, Germany

Our transcriptional data indicate that DCM constitutes a heterogeneous disease with an broad overlap to inflammatory heart disease. Microarrays performed from endomyocardial biopsy specimens allow for the identification of subentities of dilated cardiomyopathy that do not differ histopathologically, but transcriptionally, from each other. The transcriptional data constitute dilated cardiomyopathy as a heterogeneous disease with an broad overlap to inflammatory heart disease.
Calcitonin gene–related peptide inhibits angiotensin II–mediated vasoconstriction in human radial arteries: Role of the Kir channel
Anthony Zulli, PhD, Bei Ye, MBBS, Peter J. Wookey, PhD, Brian F. Buxton, MBMS, FRACP, and David L. Hare, MDDS, DPM, FRACP, Victoria, Australia

αCGRP dose dependently impaired ang II–mediated vasoconstriction in human radial arteries, independent of NO and all potassium channels except the barium-sensitive Kir channel. Thus, CGRP is an endogenous inhibitor of ang II–mediated vasoconstriction in the human radial artery.

Thoracoscopic lobectomy: Introduction of a new technique into a thoracic surgery training program
Michael F. Reed, MD, Mark W. Lucia, BS, Sandra L. Starnes, MD, Walter H. Merrill, MD, and John A. Howington, MD, Cincinnati, Ohio

Over a 4-year period, we introduced thoracoscopic lobectomy into an academic thoracic surgical training program. With ongoing experience, the procedure was performed at higher frequency and was successfully taught to new staff and trainees. Introduction of thoracoscopic lobectomy into thoracic surgical training can be achieved safely by using a stepwise transition.

A prospective randomized trial comparing completion technique of fissures for lobectomy: Stapler versus precision dissection and sealant
Andrea Droghetti, MD, Andrea Schiavini, MD, Piergiorgio Muriana, MD, Anna Folloni, MD, Mauro Picarone, MD, Cinzia Bonadiman, MD, Carlo Sturani, MD, Rolando Paladini, MD, and Giovanni Muriana, MD, Mantova, Italy

This trial evaluates 2 surgical techniques for the completion of fissures during pulmonary lobectomy to establish which is superior in preventing air leakage. The use of electrocautery dissection and collagen (TachoSil, Nycomed, Vienna, Austria) seems to be safe and effective in reducing alveolar air leaks and procedure costs.

National Institutes of Health funding for cardiothoracic surgical research
Mark B. Ratcliffe, MD, Cheryl Howard, MPH, Michael Mann, MD, and Pedro del Nido, MD, San Francisco, Calif; Bethesda, Md; and Boston, Mass

Per capita NIH funding of CT surgeons is very much less than that of the NIH as a whole. The primary cause is the low per capita number of applications submitted by CT surgeons. Junior CT faculty are encouraged to apply for career development awards. However, since the ability to shift cost from clinical to academic faculty is declining, affirmative action from the NIH may be necessary.

The National Institutes of Health funding for cardiothoracic surgical research
Irving L. Kron, MD, Charlottesville, Va

There are two major issues regarding the careful analysis by the NIH. The first is that there has been a change related to grant review and second the problem of fewer grants being submitted.

(continued on page 22A)
400 Time-resolved magnetic resonance angiography and flow-sensitive 4-dimensional magnetic resonance imaging at 3 Tesla for blood flow and wall shear stress analysis
Alex Frydrychowicz, MD, Alexander Berger, Maximilian F. Russe, Aurélien F. Stalder, MS, Andreas Harlaff, MD, Sven Dittrich, MD, Jürgen Hennig, PhD, Mathias Langer, MD, MBA, and Michael Markl, PhD, Freiburg, Germany

The potential to derive flow-derived vessel wall parameters by 4D MRI in-vivo is demonstrated in 11 healthy individuals and a case of severe aortic stenosis before and 5 and 9 months after therapy. A normal distribution of wall shear stress values as well as the changes before and after therapy are presented in order to illustrate the potential of this flow-sensitive technique.

408 Routine ganglionic plexi ablation during Maze procedure improves hospital and early follow-up results of mitral surgery
Francesco Onorati, MD, Antonio Curcio, MD, Giuseppe Santarpino, MD, Daniele Torella, MD, Pasquale Mastroberto, MD, Luigi Tucci, MD, Ciro Indolfi, MD, FESC, and Attilio Renzulli, MD, PhD, FECTS, Catanzaro, Italy

Autonomic ganglionic plexi are claimed to be potentially responsible for AF recurrence. Routine ganglionic plexi ablation was added to the mini-Maze procedure, and the results were compared with the isolated mini-Maze procedure in a mitral surgical setting. Ganglionic plexi isolation can improve the hospital, follow-up, and possibly echocardiographic results of AF ablation.

419 Anatomic aspects of the atrioventricular junction influencing radiofrequency Cox maze IV procedures
Manuel Castellá, MD, PhD, Antonio García-Valentín, MD, Daniel Pereda, MD, Andrea Colli, MD, Antonio Martinez, MD, Daniel Martinez, MD, José Ramirez, MD, and Jaime Mulet, MD, PhD, Barcelona, Spain

The coronary arteries and veins within the AV groove lie in the atrial side of the annuli and may be potentially injured by bipolar radiofrequency clamps. Furthermore, they are not sufficient to complete a Cox maze IV procedure owing to the impossibility of reaching the mitral fibrous annulus.

424 Complicated acute type B aortic dissection: Midterm results of emergency endovascular stent grafting
Jean Philippe Verhoye, MD, PhD D, Craig Miller, MD, Daniel Sze, MD, PhD, Michael D. Duke, MD, and R. Scott Mitchell, MD, Stanford, Calif, Rennes, France

Sixteen patients with life-threatening complications of acute type B aortic dissection underwent emergency endovascular stent-grafting between 1996 and 2004. Actuarial survival at 5 years was 73% ± 11%. False-lumen thrombosis was complete in 25% and partial in another 38%. Stent-grafting for these patients was effective at medium term.

431 Replacement of the descending aorta: Recent outcomes of open surgery performed with partial cardiopulmonary bypass
Kenji Minatoya, MD, PhD, Hitoshi Ogino, MD, PhD, Hitoshi Matsuda, MD, PhD, Hiroaki Sasaki, MD, PhD, Toshikatsu Yagihara, MD, PhD, and Soichiro Kitamura, MD, PhD, Saita, Japan

Replacement of the descending aorta performed with partial cardiopulmonary bypass involves a risk comparable to that associated with thoracic endoprosthesi s placement.
436 Robotic mitral valve repairs in 300 patients: A single-center experience
W. Randolph Chitwood, MD, Evelio Rodriguez, MD, Michael W. A. Chu, MD, Ansar Hassan, MD, PhD, T. Bruce Ferguson, MD, Paul W. Vos, PhD, and L. Wiley Nifong, MD, Greenville, NC

We report the largest single-center robotic mitral valve repair experience. Midterm analysis, including echocardiographic follow-up, demonstrates encouraging results. Although further long-term follow-up is necessary, robotic techniques could become the new standard for mitral valve surgery.

442 Determinants of early decline in ejection fraction after surgical correction of mitral regurgitation
Rakesh M. Suri, MD, DPhil, Hartzell V. Schaff, MD, Joseph A. Dearani, MD, Thoralf M. Sundt III, MD, Richard C. Daly, MD, Charles J. Mulany, MB, MS, Maurice E. Sarano, MD, and Thomas A. Orszulak, MD, Rochester, Minn

Patients who underwent surgical correction of mitral regurgitation had significant decreases in left ventricular ejection fraction and left ventricular end-diastolic dimension postoperatively. Lower postoperative ejection fraction was associated with lower preoperative ejection fraction, atrial fibrillation, poorer functional class, greater left ventricular end-diastolic and end-systolic dimensions, and larger left atrial size.

448 Excellent outcome after surgical treatment of massive pulmonary embolism in critically ill patients
Alexander Kadner, MD, Jürg Schmidli, MD, Florian Schönhoff, MD, Eva Krähenbühl, MD, Franz Immer, MD, Thierry Carrel, MD, and Friedrich Eckstein, MD, Switzerland

Emergency treatment of pulmonary embolism in patients with hemodynamic compromise remains a subject of debate. We reviewed our experience with 25 patients undergoing emergency pulmonary embolectomy. Eighteen patients presented in cardiogenic shock. All patients survived the procedure. The 30-day mortality was 8%. Surgical pulmonary embolectomy is an excellent option for patients with central and paracentral pulmonary embolism, even in patients who present with cardiac arrest and require preoperative cardiopulmonary resuscitation.

452 Preoperative B-type natriuretic peptide is as independent predictor of ventricular dysfunction and mortality after primary coronary artery bypass grafting
Amanda A. Fox, MD, Stanton K. Shernan, MD, Charles D. Collard, MD, Kuang-Yu Liu, PhD, Sary F. Aranki, MD, Stacia M. DeSantis, PhD, Petr Jarolim, MD, PhD, and Simon C. Body, MBChB, MPH, Boston, Mass, Houston, Tex

In a longitudinal, prospective study of 1023 patients undergoing primary coronary artery bypass grafting with cardiopulmonary bypass, preoperative plasma concentration of B-type natriuretic peptide independently predicted postoperative in-hospital ventricular dysfunction, hospital stay, and 5-year all-cause mortality after surgery.

462 A prospective randomized comparison of the Medtronic Advantage Supra and St Jude Medical Regent mechanical heart valves in the aortic position: Is there an additional benefit of supra-annular valve positioning?
Karl Guenzinger, MD, Walter Benno Eichinger, MD, Ina Hettich, MD, Sabine Bleiziffer, MD, Daniel Ruzicka, MD, Robert Bauernschmitt, MD, and Ruediger Lange, MD, Munich, Germany

The aim of this prospective randomized study was to evaluate the impact of complete supraannular (Advantage Supra; Medtronic Inc, Minneapolis, Minn) valve positioning of mechanical bileaflet aortic valves compared with intra-supraannular (Regent, St Jude Medical Inc, St Paul, Minn) valve positioning. Rest and exercise performance and left ventricular mass regression were analyzed early and late postoperatively.
Preliminary results following reinforcement of the pulmonary autograft to prevent dilatation after the Ross procedure
Thierry Carrel, MD, Markus Schwerzmann, MD, Friedrich Eckstein, MD, Thierry Aymard, MD, and Alexander Kadner, MD, University Berne, Switzerland

We present our early experience with an external reinforcement of the pulmonary autograft that is inserted into a prosthetic Dacron graft with an artificial aortic root configuration. This detail should help to prevent neoaortic root dilatation.

Surgery for rheumatic tricuspid valve disease: A 30-year experience
José M. Bernal, MD, Alejandro Pontón, MD, Begona Diaz, MD, Javier Llorca, MD, Ivan Garcia, MD, Aurelio Sarralde, MD, Carmen Diago, MD, and Jose M. Revuelta, MD, Santander, Spain

In 328 patients undergoing tricuspid valve surgery for rheumatic disease in a university center with a mean follow-up of 14.7 years, late mortality was 52.1%. The actuarial survival at 25 years was 29.1% ± 3.6%, and the actuarial freedom from reoperation at 30 years was 27.51% ± 5.8%.

Comparison of saphenous vein graft versus right gastroepiploic artery to revascularize the right coronary artery: A prospective randomized clinical, functional, and angiographic midterm evaluation
David Glineur, MD, Claude Hanet, MD, PhD, Alain Poncelet, MD, William D’hoore, MD, PhD, Jean-Christophe Funken, MD, Jean Rubay, MD, PhD, Parla Astari, MD, Valerie Lacroix, MD, Robert Verhelst, MD, Pierre Yves Etienne, MD, Philippe Noirhomme, MD, and Gebrine El Khoury, MD, Brussels, Belgium

We randomized the saphenous vein graft and right gastroepiploic artery to compare their clinical and angiographic evolution at midterm. In nonoccluded RCAs, the proportion of patent grafts was significantly lower and the proportion of grafts that did not function was significantly higher in the right gastroepiploic artery group than in the saphenous vein graft group.

Less invasive quick replacement for octogenarians with type A acute aortic dissection
Mitsumasa Hata, MD, PhD, Mitsunori Suzuki, CE, Akira Szai, MD, Tetsuya Niino, MD, Satoshi Unosawa, MD, Nobuyuki Furukawa, MD, and Kazutomo Minami, MD, Tokyo, Japan

We assessed our newly modified technique, less invasive quick replacement with mild hypothermia and rapid rewarming, for octogenarians with type A acute aortic dissection. The duration of the overall operation was 2 hours and there were no complications. It should be a standard technique for octogenarians with acute aortic dissection.

Quality improvement program decreases mortality after cardiac surgery
Sotiris C. Stamou, MD, PhD, Sara L. Camp, NP, Robert M. Stiegel, MD, Mark K. Reames, MD, Eric Skipper, MD, Larry T. Watts, MD, Marcy Nussbaum, MS, Francis Robicsek, MD, PhD, and Kevin W. Lobdell, MD, Charlotte, NC

Application of goal-directed, multidisciplinary protocols and a quality improvement program were associated with lower mortality after cardiac surgery. This decline in mortality was less prominent in diabetic patients, and focused quality improvement protocols may be required for this subset of patients.
500 Long-term clinical outcome of coronary artery stenting or coronary artery bypass grafting in patients with multiple-vessel disease
Shun Kohsaka, MD, Masashi Goto, MD, MPH, Salim Virani, MD, Vei-Vei Lee, MS, Noriaki Aoki, MD, PhD, MacArthur A. Elayda, MD, PhD, Ross M. Reul, MD, and James M. Wilson, MD, Houston, Tex

We examined long-term outcomes of coronary stenting and CABG in multivessel coronary artery disease. Although unadjusted long-term mortalities were similar among 6847 consecutive patients, propensity-matched comparison of 3488 patients with similar likelihoods of undergoing coronary stenting or CABG suggested that CABG provides better long-term survival.

507 Insights on left ventricular and valvular mechanisms of recurrent ischemic mitral regurgitation after restrictive annuloplasty and coronary artery bypass grafting
Sandro Gelsomino, MD, Roberto Lorusso, MD, PhD, Sabina Caciolli, MD, Irene Capecchi, MD, Carlo Rostagno, MD, Marco Chioccioli, MD, Giuseppe De Cicco, MD, Giuseppe Bille, MD, Pierluigi Stefano, MD, and Gian Franco Gensini, MD, Florence and Brescia, Italy

We investigated leaflet and subvalvular mechanisms leading to recurrent ischemic mitral regurgitation. The study population consisted of 230 patients, 176 without and 54 with late recurrent regurgitation. Preoperative symmetric tethering with anterior mitral leaflet predominance was strongly associated with recurrence of regurgitation. Measures of leaflet tethering resulted in fundamental findings to identify ischemic patients who can really benefit from restrictive annuloplasty.

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519 Thrombus formation within hepatic vein after Fontan procedure
Manabu Watanabe, MD, Mitsuaki Aoki, MD, PhD, Nobuyuki Ishibashi, MD, and Tadashi Fujiwara, MD, PhD, Chiba City, Japan

521 Completely thoracoscopic bilateral pulmonary vein isolation and left atrial appendage exclusion for atrial fibrillation
A. Yilmaz, B. P. Van Putte, and W. J. Van Boven, Nieuwegein, The Netherlands

522 Dumbbell-shaped mediastinal neurogenic tumor forming a string-of-beads structure
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527 Life-threatening impending paradoxical embolus caught “red-handed”: Successful management by multidisciplinary team approach
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533 Partial bileaflet resection and reconstruction of mitral valve in acute infective endocarditis
Igor E. Konstantinov, MD, PhD, Perth, Australia

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536 Prospective algorithm to remove chest tubes after pulmonary resection with high output – is it valid everywhere?
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