

Table of Contents

Editorial

- 905** **Editor's note**
Lawrence H. Cohn, MD, Boston, Mass

Presidential Perspectives

- 906** **Historical perspectives of The American Association for Thoracic Surgery: Frank C. Spencer**
Abe DeAnda, Jr, MD, and Aubrey C. Galloway, MD, New York, NY

Clinical Guidelines

- 909** **The role of surgical cytoreduction in the treatment of malignant pleural mesothelioma: Meeting summary of the International Mesothelioma Interest Group Congress, September 11-14, 2012, Boston, Mass**
Valerie Rusch, MD, Elizabeth H. Baldini, MD, MPH, Raphael Bueno, MD, Marc De Perrot, MD, Raja Flores, MD, Seiki Hasegawa, MD, Walter Klepetko, MD, Lee Krug, MD, Loïc Lang-Lazdunski, MD, PhD, FRCS (Eng), Harvey Pass, MD, Walter Weder, MD, and David J. Sugarbaker, MD, on behalf of the participants in the 2012 International Mesothelioma Interest Group Congress, New York, NY; Boston, Mass; Toronto, Ontario, Canada; Nishinomiya Hyogo, Japan; Vienna, Austria; London, United Kingdom; and Zurich, Switzerland

Cardiothoracic Surgical Education and Training (EDU)

- 911** **Introducing transapical aortic valve implantation (part 1): Effect of a structured training program on clinical outcome in a series of 500 procedures**
Miralem Pasic, MD, PhD, Axel Unbehaun, MD, Stephan Dreysse, MD, Semih Buz, MD, Thorsten Drews, MD, Marian Kukucka, MD, Alexander Mladenow, MD, Giuseppe D'Ancona, MD, PhD, Roland Hetzer, MD, PhD, and Burkhardt Seifert, PhD, Berlin, Germany, and Zurich, Switzerland

Cumulative knowledge from the field of TAVI was incorporated into a structured training program and used successfully to introduce transapical TAVI. The overall 30-day mortality for 500 consecutive high-risk patients was 4.6% (95% CI, 3.1%-6.8%) and was 4.0% (95% CI, 2.6%-6.2%) for patients without cardiogenic shock.

- 919** **Introducing transapical aortic valve implantation (part 2): Institutional structured training program**
Miralem Pasic, MD, PhD, Axel Unbehaun, MD, Stephan Dreysse, MD, Semih Buz, MD, Thorsten Drews, MD, Marian Kukucka, MD, Alexander Mladenow, MD, Roland Hetzer, MD, PhD, and Giuseppe D'Ancona, MD, PhD, Berlin, Germany

Our institutional structured educational and training program combines cumulative knowledge from the field with institutional and individual background experience. It enables implementation of a new procedure safely and efficiently into clinical practice with the intention not to increase morbidity or mortality during the learning curve.

(continued on page 12A)

Table of Contents (continued)

General Thoracic Surgery (GTS)

926 Neoplastic severe central airways obstruction, interventional bronchoscopy: A decision-making analysis

Venceslau Hespanhol, PhD, Adriana Magalhães, MD, and Agostinho Marques, PhD, Porto, Portugal

Eight hundred four patients who underwent rigid bronchoscopy under general anesthesia to treat severe neoplastic central airways obstruction from 1990 to 2009 were studied. Tumor location and the morphology of the lesions were the main determinants of the intervention success. The pre-intervention model adds to the clinical evaluation an important contribution to decision-making process of performing therapeutic interventional bronchoscopy in a critical setting.

933 Surgical decortication as the first-line treatment for pleural empyema

Jung Ar Shin, MD, Yoon Soo Chang, MD, PhD, Tae Hoon Kim, MD, PhD, Seok Jin Haam, MD, Hyung Jung Kim, MD, PhD, Chul Min Ahn, MD, PhD, and Min Kwang Byun, MD, Seoul, Korea

We analyzed the outcomes of surgical decortication as a first intervention in patients with nontuberculous or tuberculous empyema compared with simple drainage. Surgical decortication showed a better treatment success rate compared with simple drainage and was the best predictor of treatment success.

940 Prevention of the second stage of epithelial loss is a potential novel treatment for bronchiolitis obliterans

Yunge Zhao, MD, PhD, John F. Steidle, BA, Gilbert R. Upchurch, MD, Irving L. Kron, MD, and Christine L. Lau, MD, Charlottesville, Va

Loss of epithelial cells is a critical event that leads to airway fibrosis in a preclinical BO model. We have shown that injection of recipient epithelial cells inhibited BO development by preventing epithelial loss. Use of recipient epithelial cells may be a novel treatment for BO in patients after lung transplantation.

948 Quantifying the incidence and impact of postoperative prolonged alveolar air leak after pulmonary resection



Shuyin Liang, BSc, Jelena Ivanovic, MSc, Sebastien Gilbert, MD, FRCSC, Donna E. Maziak, MDCM, MSc, FRCSC, FACS, Farid M. Shamji, MBBS, FRCSC, R. Sudhir Sundaresan, MD, FRCSC, and Andrew J. E. Seely, MD, PhD, FRCSC, Ottawa, Ontario, Canada

PAAL is a frequent occurrence (18%) after pulmonary resections. Significant predictors include lobectomy, severe radiologic emphysema, pathologic emphysema, and percentage of predicted value for forced expiratory volume in 1 second less than 80%. Most cases can be managed conservatively, but severe cases of PAAL (26% of PAAL cases; 4.8% of all pulmonary resections) require additional chest drains, bronchoscopy, reoperation, or life support.

955 Hyperthermic intraoperative pleural cisplatin chemotherapy extends interval to recurrence and survival among low-risk patients with malignant pleural mesothelioma undergoing surgical macroscopic complete resection

David J. Sugarbaker, MD, Ritu R. Gill, MD, Beow Y. Yeap, ScD, Andrea S. Wolf, MD, MPH, Marcelo C. DaSilva, MD, Elizabeth H. Baldini, MD, MPH, Raphael Bueno, MD, and William G. Richards, PhD, Boston, Mass

Hyperthermic intraoperative cisplatin pleural chemotherapy extends the interval to recurrence and overall survival after macroscopic complete resection in a cohort of patients with the characteristics of low-risk epithelial malignant pleural mesothelioma.

(continued on page 14A)

Download English Version:

<https://daneshyari.com/en/article/5989970>

Download Persian Version:

<https://daneshyari.com/article/5989970>

[Daneshyari.com](https://daneshyari.com)