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# Letters to the Editor

RBCCV 44205-691

**History of female doctors in Brazilian Cardiovascular Surgery**

The first Brazilian woman to graduate in medicine was Maria Augusta Generoso Estrela, born in 1860, who before the reform went to New York with the aim of studying the medicine course in the New York Medical College and Hospital for Women. She finished the course in 1879 and returned to Brazil in 1882 to set up a small doctor's clinic where she practiced for many years.

The first Brazilian woman who studied in a Brazil medical school was a native of Rio Grande do Sul called Rita Lobato Velho Lopes. She started her medical course in 1883 in Rio de Janeiro, moved to Salvador in 1885 where she enrolled in the medical school of Bahia. She received her diploma in 1887 and practiced medicine until 1925, when she started a carrier in politics.

It was in the 50s that women started to enter the universe of Brazilian Cardiovascular Surgery.

In 1948, Dirce da Costa Zerbini graduated in the medical school of São Paulo University. In 1949 she married Dr. Euryclides de Jesus Zerbini, her teacher of clinical surgery and who in the future was responsible for the first heart transplantation in Brazil.

During a trip to Minneapolis to train in the Surgery Department of the Medical School of Minnesota, where Dr. Lillehei had started to utilize cardiopulmonary bypasses for the correction of heart disease in open surgeries, the couple became extremely interested in the new surgical approach.

Dr. Dirce dedicated herself to research and developed the first cardiopulmonary bypass circuit used in Brazil. She developed the first perfusion machines in the experimental workshop of the Hospital das Clínicas in São Paulo.

From 1958, the year in which the first surgery with cardiopulmonary bypass was performed, until 1968, when the first cardiac transplantation in Brazil occurred, Dr. Dirce was responsible for perfusion of Prof. Zerbini's surgical team and she was his main collaborator.

Brazilian academics began to be interested in heart surgery in the 70s, stimulated by professors and cardiac surgeons and by the euphoria and expectations that this new dynamic and highly complex specialty provoked at that time. The specialty developed quickly with innovating operative techniques accompanying the development of cardiology and hemodynamics, whose new invasive methods explained and confirmed diagnoses, as well as provided care for patients in the modern intensive care units and during the postoperative period.

In São Paulo, the academic Vera Lucia Amaral Molari Piccardi and in Porto Alegre, the gaucho Gueisha Barbosa Moreira had already watched and participated in pacemaker heart surgeries since 1973.

Vera Lúcia accompanied Dr. Hélio Pereira de Magalhães, her professor in surgical techniques in the Santo Amaro Medicine School, where she helped him in surgeries and observed the patients in the postoperative period. She graduated in December 1975.

Gueisha Barbosa started medical residence in Porto Alegre and after she went to work in São Paulo.

In 1976 the two doctors enrolled in the residence program of cardiovascular surgery of the Dante Pazanezze Institute of Cardiology, which was then directed by Prof. Adib Domingos Jatene. They obtained their specialization in this institution in January 1979 and were the first women doctors to work in this specialty.

In 1978, Ana Maria Rocha Pinto Silva and Beatriz Helena Sanches Furlanetto graduated in the Medical School of Santo Amaro and started residence in cardiovascular surgery. Ana Maria started in the College of Medical Sciences of Santa Casa de São Paulo, under Prof. Hugo Felipozzi and Beatriz Helena Sanches Furlanetto in the Heart Institute of the Medical School of São Paulo University under Prof. Euryclides de Jesus Zerbini and

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Prof. Adib Domingos Jatene.
In 1985 Dr. Nadja Cecília Kraychete de Castro finished her medical residence in the Heart Hospital of the Sirius Sanatorium Association.
Currently, with the exception of Dr. Gueisha Barbosa, who does not work as a cardiovascular surgeon anymore, all the others are working and have formed groups important to Brazilian cardiovascular surgery.
Dr. Vera continues her professional activities in Hospital São Joaquim da Real Benemérita Sociedade de Beneficência Portuguesa de São Paulo. Dra. Ana Maria is in the College of Medical Sciences of Santa Casa de São Paulo. Dr. Beatriz is in the Hospital São Joaquim da Real e Benemérita Sociedade de Beneficência Portuguesa de São Paulo. Dr. Nadja works in several heart centers in Salvador in the State of Bahia.
Dr. Beatriz works exclusively with congenital heart disease and heart disease acquired during childhood and Drs. Ana Maria and Nadja have dedicated themselves to general cardiovascular surgery and congenital heart disease.
From the 1980s, the demand to enter the specialty by female surgeons has increased, accompanying the natural influence of the increased number of women working in medicine throughout Brazil. This demand was not only restricted to São Paulo, but existed in other States, following the welcomed breaking up and decentralization of cardiac surgery services.
Female surgeons became affiliated to the Brazilian Society of Cardiovascular Surgery (BSCVS), actively participating in congresses and were submitted to theoretical and practical examinations and approved for the title of specialist and titular member.
In 2004, Dr. Valquiria Pelisser Campagnucci was approved as titular member of the BSCVS and thus was the first female surgeon to achieve this title, discussing aneurysmectomy of the left ventricle without aortic clamping.
During the 31º National Congress of Heart Surgery, in Curitiba, the Female Forum of the Brazilian Society of the Cardiovascular Surgery was approved by the President of the BSCVS, Dr. Jarbas Jakson Dinkhuysen, celebrating 25 years of female heart surgeons in Brazil.

The BSCVS has 30 women affiliated in different categories:
Aspiring members: 9
Associated members: 16
Specialist members: 4
Titular member: 1
Female doctors represent only 3.84% of the 780 members of the BSCVS, a number that is still small, but expressive by the courage and determination in performing delicate tasks and at the same time audacious in the male dominated field.
In spite of the great difficulties that the specialty faces and the lack of stimulation of health policies which exists in this country, it is the love of the profession and the fight for life that makes us move forward.
This is a time of unification, organization, mutual help and of encouraging those who are setting out, with the aim of making Brazilian female surgeons shine in the wonderful universe which is cardiovascular surgery.

***Vera Lúcia Amaral Molari Piccardi***

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**Ventricular remodeling and reconstruction**

When the facts change, I change my mind.
What do you do?
M.Keynes

In the recent National Congress of Cardiovascular Surgery, which took place in Curitiba, Paraná, we observed that great importance was given to epidemiological aspects and treatment of cardiac insufficiency. This certainty occurs because of our perception that such a syndrome is the final stage of the majority of heart diseases worldwide and that it continues to be the most common cause of hospitalization and death and is thus associated with an immeasurable social impact.
The growing understanding of the physiopathology of this disease has given a great advancement in both clinical and surgical approaches, providing significant benefits to our patients. For sure, we still have room for improvement in respect to preventing the disease, which is possible. However, this may still be distant ideal in the day-to-day routine, especially in Brazil.
We have also seen that innumerable studies present, as an alternative treatment for cardiac insufficiency, surgical remodeling of the left ventricle, using varying operative techniques, such as resection of aneurysms, Batista surgery, the use of Laser, electrical resynchronization, infusion of myoblasts or stem cells, etc..
We would like to draw your attention to the fact that, although the majority of the presented ideas are pertinent and some have already been clinical proven, the term SURGICAL REMODELING OF THE LEFT VENTRICLE used repeatedly in this congress as an operative technique for treatment of cardiac insufficiency should not be used for the physiopathologic concept.
VENTRICULAR REMODELING is used to change the

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ventricular architecture, originally elliptical, to another shape, which signifies loss of normal arrangement of the muscle fibers of the heart, more by muscle insufficiency – including evident accentuation of the apoptosis of myocytes, without parallel substitution – than by some other compensatory process, as was initially though.

Thus, VENTRICULAR REMODELING signifies the progression of this severe disease and it must be avoided, as far as possible, by all of us. These patients in particular are exactly those who have already suffered intense deleterious REMODELING and those to whom the cardiologists have nothing more to offer. They are then referred to us with surgery as the last possible hope of treatment. Therefore, we are certainly 'remodeling' when we operate on our patients.

Thus, what we all do in reality, when we operate to treat end stage heart insufficiency - or that is, a heart that has already suffered REMODELING, is to surgically RECONSTRUCT a new ventricular chamber. What we want, and for this we utilize different techniques, is for the new chamber to be the nearest possible shape to its original elliptical architecture and capable of providing its metabolic demands.
Naturally, we consider that this occurrence is only a semantic error, a vice of the language used by the surgeons; that should be, immediately, corrected, due to the enormous difference between what we are talking about incorrectly and what we are effectively performing correctly.

*Thank you,*
***J. Lira Filho, Teresina, Piaui, Brazil***