

## Letters to the Editor

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### Open Letter to Brazilian Cardiac Surgeons:

Over the years, I have come to recognize the impact that Brazilian Cardiac Surgeons have had on the development of cardiac surgery. Being away from Brazil, frequently I search the Journals for articles originating from our country, and inevitably find important contributions from our colleagues. There are simply too many authors and articles and this letter is too brief for me to include all the Brazilian surgeons, that I believe have contributed to the literature. I hope I will not offend any one of them by not mentioning their names. There are few names, however, that I want to mention. The contributions by Adib Jatene on ventricular restoration and the surgery for transposition of the great vessels are milestones in heart surgery. I remember Adib's presentation at the American Association of Thoracic Surgeons on his work on ventricular restoration. The development of the pericardial patch by Domingo Braile antedates recent developments aimed at producing artificial materials and techniques to standardize the remodeling operation. Earlier, the published work of Enio Buffolo on beating heart coronary artery surgery did not capture the imagination of surgeons in North America; it was left for the newer generation of heart surgeons to rediscover this operation. One can say that Enio has changed the way surgeons operate upon coronary artery patients. Other innovations have appeared from his group, including a vast experience with thoracic stents. Enio is recognized worldwide as a pioneer in heart surgery. Another Brazilian surgeon, Ricardo Lima, became known for his pericardial sutures, used for exposure of the coronary arteries during off-pump surgery. His name is frequently mentioned in operating rooms when the surgeons place the Lima's suture to the pericardium.

In this letter to the Editor, there is a communication from Gerald Buckberg regarding another Brazilian cardiac surgeon, Randas Batista. I became aware of this letter, and asked Gerald if he felt it was appropriate to have it published in this Journal, as a tribute to one of my dearest colleagues. The impact of Batista's ideas on the

treatment of dilated cardiomyopathy, despite criticisms and difficulties, has been tremendous. From the beginning, I have become intrigued by his ideas of how one can reduce the diameter of the ventricle in order to improve function. The journey has been rather long with some disappointments and failures. The answer to the question as to the indications and results from partial left ventriculectomy remains unknown at this time. However, the letter from Gerald emphasizes what Batista has done and what he represents to those interested in this particular area of surgery. Batista's contribution is far reaching and, as mentioned by Gerald, has set the sail towards restoration of the geometry of the dilated, failing heart, to normal or near normal.

I want to share with you, my colleagues and friends, the pride that I have always had for the achievements of all my Brazilian colleagues.

"Dear Randas,

I just spoke with Tomas Salerno, who saw you in Brazil. The new research fellow will be arriving tomorrow to begin to work with us.

My acceptance of him is linked to my enormous appreciation for your vision, creative capacity, and ability to see potential in others.

Your capacity to understand the geometric course of heart failure, and introduce a restoration of geometry was a revelation to me and to others.

Since that visit, Hisa Suma showed us novel things about site selection. We now can more safely exclude damaged regions in non-ischemic cardiomyopathy.

It is always lonely at the top, since the dance is upon a floor not inhabited by others. This leadership is troublesome to those that hang on to the past, but an innovative spirit is the future. You have provided the broad shoulders for us stand upon and grow.

My thanks for this contribution to our learning, as we see further by standing on these shoulders. The next and major change in cardiac surgery is to restore the geometry

that is altered by disease from a variety of causes (ischemic, valvular and non-ischemic). The unified concept of making a sphere from an ellipse is the problem, and restoring the normal geometry of the ellipse is the solution.

Truth wins. You have set our sails toward this goal, and we are all very grateful.

Gerry Buckberg”

***Tomas Antonio Salerno, M.D.h***  
***Professor of Surgery, University of Miami***  
***Chief, CT Surgery, Jackson Memorial Hospital***  
***Miami, 10 of November, 2003***

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### **Cardiac surgery in the Brazilian reality**

I have the pleasure of knowing the majority of surgeons of the Brazilian Society of Cardiovascular Surgery and, certainly, all of them work to maintain the united-social spirit, the dignity, the integrity and the national and international prestige that cardiac surgery in our country has attained during its short existence. The legacy left by its founders – Prof. Euriclides de Jesus Zerbini, Prof. Adib Jatene and other equally important professionals – will never be forgotten, and their ideals and teachings will continue with the younger generations. Today, there are less than 900 surgeons in all of Brazil. It is true this number has increased over the last 20 years, but it remains small in comparison to our population of 170 millions of inhabitants.

We are present in almost every corner of the Brazilian territory and we take a dignified and modern medicine to those who require our help, without making any distinction of social class. Many of us become sad when we hear statements of those who know little of our history and the difficulties faced by us to work with dignity. They declare that the costs of the treatment performed by us would be more justly applied in the prevention of endemic and puerperal diseases and basic sanitation, thereby reducing infant mortality and infectious-contagious diseases. Well! To think like this is to regress, it is to be underrated. Medicine and the art of the cure as a surgical exercise has to be for everyone, independently of who they are or to which social class they belong. The

patients whom we look after do not choose their diseases, they only want to be cured. We should make every effort to combat the ailment that affects mankind. The federal, state and municipal governments, the population as a whole, businessmen, members of the judicial system and the medical community, all have an obligation to unite to find solutions to take care of our needy population.

In recent years, we have seen a united action and of some idealist medical groups, that implanted services in private hospitals and made agreements with the government to treat heart disease patients coming from the government healthcare system (SUS). With time, many of them abandon these agreements, because they suffer continuous losses. Thus thousands of Brazilians are left without assistance and consequently relegated to the position of “non-citizens”, contradicting what is stated in our Carta Magna which affirms that “all citizens have the right to healthcare”.

Today, 50 thousand heart surgeries annually are made in Brazil, when the acceptable minimum should be 300 thousand. Each year 38 thousand children are born with congenital heart diseases that require some surgical intervention and only 8,500 are operated on. Cardiovascular diseases are responsible for 300 thousand deaths per year in our country, corresponding to 32% of the total deaths in Brazil. In this group, acute myocardial infarction leads to the death of 58 thousand Brazilians annually without any interventionalist treatment. On the other hand, only 32 thousand patients per year are operated on for coronary artery bypass grafting.

We are very far from reaching the acceptable ideal. But, if we unite our forces and capacities to work and achieve understanding and greater help from the governmental organs, for sure we will manage to reduce this difference. This will bring the suffering and the needy population closer to those of us who were and are privileged in terms of healthcare and in terms of the opportunity to study.

We should reflect on the words said by Marco Túlio Cícero more than two thousand years ago. “Subtract something from another and the man increases his benefit with the detriment of the other, is more unfavorable to the nature than to poverty, than the pain, than everything else that could happen to the body and external possessions. As, above all, it finishes with the life together and with human society. If we become used to everyone stripping the possessions from others for their own benefit, breaking down the close association between humans, which is the most analogous that there is with nature”.

The words of the great Roman tribune are important nowadays as we are living this reality in the large urban

centers. The responsibility to find solutions belongs to the entire Brazilian society.

**Marcelo Matos Cascudo, Natal - RN**  
**Cardiovascular surgeon, Member of the Determining**  
**counsel of the Brazilian Society of Cardiovascular**  
**Surgery**

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### ***Hello from Germany***

I gave a copy of the Brazilian Journal of Cardiovascular Surgery to my professor (Prof. Dr. Herbert Otto) here in Germany and he got very excited, as he is a great fan of Brazilian heart surgery. He has even been to São Paulo on two occasions and to Porto Alegre on one. He told me that when someone from Brazil passes through Germany, I must invite him or her to make a visit to our center here. He became so excited with the journal that he asked me to inquire if we here in the Wuppertal Center (Herzzentrum Wuppertal Vetter) could publish a work in this journal. We would write in German (or English) and I or another Brazilian (Daniel Silva) would translate to Portuguese. Also, we would like to exhibit a poster entry in a Paulista or Brazilian Congress and if we are able, Dr Otto said we could travel to Brazil to present it. Vetter is a very pleasant person open to new ideas and to foreigners such as Dr. Domingo Braile, for example. He has already operated in Brazil, America, South Africa and other countries.

For sure, one of the reasons that Daniel and I managed to arrange this position in Germany was owing to the fact Brazilian heart surgeons are famous and, thus, I would like to intermediate between him and you in Brazil.

**Rafael Otto Schneidewind,**  
**Cologne, Germany**

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### ***Department of Pediatric Cardiovascular Surgery***

It is with great satisfaction that we can inform all members of our society that a department within the Brazilian Society

of Cardiovascular Surgery (BSCVS) focusing on congenital and acquired heart diseases of the child and adolescent, has been established.

The creation of this department was approved in Goiania at the 30th National Congress of Heart Surgery. The internal statutes had been presented in Salvador during the 58th Congress of the Brazilian Society of Cardiology in an extraordinary general meeting, with some modifications that were voted on and accepted.

On the 20th November 2003, the board of directors of the BSCVS approved the creation of the Department of Pediatric Cardiovascular Surgery – DPCVS.

The first directorate is composed of a Chairman, Treasurer and Scientific Director occupied by Valdester Cavalcanti Pinto Júnior, Marcelo Biscegli Jatene, Fabio Said Sallum and Ulisses Alexandre Croti respectively.

It was also determined that all members of the BSCVS will automatically be members of the DPCVS.

Among its many functions, the department should:

1 – Bring together colleagues interested in congenital and acquired heart diseases of the child;

2 – Organize symposia and congresses related to the specialty always with the consent and together with the BSCVS;

3 – To represent the interests of its members before the Federal Government and

4 – To create a Brazilian register of Cardiovascular Surgery in reference to congenital heart diseases.

The BSCVS and the DPCVS are working with the Ministry of Health, to elaborate a specific government directive relating to pediatric cardiovascular surgery, with the fundamental aim of establishing norms for the regulation of new services, with a consequent increase in the number of pediatric cardiovascular surgeons in Brazil.

The first symposium of the DPCVS is already being organized and should take place in Curitiba during the 31st National Congress of Heart Surgery of the BSCVS.

We would like to invite you all to enter the BSCVS site: <http://www.sbccc.org.br>, in which there is a link to the specific page of the DPCVS, which is already being developed. On this page data about the current situation of congenital heart disease surgery, the internal statutes of the DPCVS and the “Case of the Month” (prepared by any interested colleague) will be published, among other subjects.

We are working hard to develop this new department and we count on the collaboration of all, as we believe that this is the only way that our society can improve unified and getting stronger everyday.

My warmest regards,

**Ulisses Alexandre Croti – Scientific director of the DPCVS**