Letters to the Editor

RBCCV 44205-861

Financial Assistance from CNPq

Professor Sérgio Resende
Science and Technology Ministry

Dear Sérgio,

Initially I hope that you are very well.

The Brazilian Society of Cardiovascular Surgery publishes a very good journal related to research in this specialty. This journal is considered to be the best in Latin America. We have always received substantial financial support from the Science and Technology Ministry/CNPq and this year is no different.

For this I was designated by our editor and the president of the society to enter in contact with you to request help in releasing the financial resources promised for this year.

In the name of the Brazilian Society of Cardiovascular Surgery I would like to thank you for your assistance.

Sincerely yours

Ricardo Lima
Professor of cardiovascular surgery – Medical School
Recife-PE

Navarro and/or Drugovich

Please check if anything has been done in respect to the grant for the journal and let me know.

Sérgio Resende
Mines and Technology Ministry

Dear Sérgio,

Thank you for your consideration

Ricardo Lima

The Editorial board of the Brazilian Journal of Cardiovascular Surgery is thankful for the constant effort of the associate editor, Ricardo Lima, and expresses its gratitude to Sérgio Resende for his concern in the release of the grant.

Domingo Braile
Editor - BJCVS

Troponina I

Dear Dr. Leal,

Our research team is affiliated at the University of Basel Hospital, and our main interest is the outcome of patients with cardiac diseases undergoing cardiac and non-cardiac surgery. Currently, we are working on a systematic review addressing the prognostic value of measurements of cardiac troponins for long-term outcome after cardiac surgery. We are using data from the important study (see above) that you published in Arquivos Brasileiros de Cardiologia in 2003. We have a few questions regarding your paper and would greatly appreciate your help. You mentioned 5 deaths during follow up and the hazard ratio at different levels of troponin elevation. Could you please tell us how many of the dead patients had a troponin level above 2.5 ng/mL? How many of the total number of patients had a troponin level above your cut-off? How many patients with an increased troponin level, i.e.g. troponin below your cut-off, completed their follow-up at 6 and 12 months? What was the mortality distribution in the group with troponin above and below 2.5 ng/mL at these two follow-up times?

We look forward to your reply and thank you for any help that you may be able to give us.

Sincerely yours,

Giovanna Lurati, MD Research Fellow;Miodrag Filipovic, MD, Senior Investigator
University of Basel Hospital.
Basel, Swiss

Dear Giovanna Lurati, MD and Miodrag Filipovic, MD
Departement Anästhsie Universitätsspital Basel

In beneath of your solicitation, see below the answers for your questions:

1. There are two patients with troponin level above 2,5 ng/mL among the 5 who died.
2. From the 108 patients, 6 had troponin level above 2.5 ng/mL and 102 had troponin level below 2.5 ng/mL, with mortality rates of 33.3% and 3.0% respectively.
3. From the 102 patients with troponin level below 2.5 ng/mL, 100 completed 6 months of follow-up and 99 completed 12 months; from de 6 patients with troponin level above 2.5 ng/mL 5 completed 6 months of follow-up and 4 completed 12 months.
4. The mortality distribution in the group with troponin above

and below 2.5 ng/mL was 33.3% and 3.0% respectively (RR=11.00; CI 95% 2.25 to 53.84).

Our cardiac surgery team completed new study about risk stratification troponin I cardiac in patients undergoing myocardial revascularization surgery with atrial fibrillation in pos-operative.

Thank you in advance.

Best regards.

João Carlos Ferreira Leal, MD
Cardiac Surgeon, Departament Cardiovascular Surgery
Faculty of Medicine São José do Rio Preto-São Paulo- Brazil.

Anticipated preliminary judicial action and the Brazilian Medical Council (CFM)

The Brazilian Medical Council, based on the Federal Law nº 3268 dated September 30, 1957, is the judicial and controlling power in respect to the normal execution of the medical profession. It is an Ethics Committee that is established in the democratic state with its own regulations, protected within the Law and consolidated in the Code of Medical Ethics and in the Code of Professional Ethics.

In a recent decision, based on an ethics-disciplinary process, the Regional Medical Council of Rio Grande do Sul decided to cancel the registration of a bariatric surgeon; a decision confirmed by the CFM. However, a law court conceded an injunction allowing the surgeon to continue with his constitutional right and the surgeon returned to practice his profession based on this preliminary decision.

So, before any valued judgment on the matter can be made it is necessary to understand what the preliminary decision means. This injunction does not signify that the court has overturned or even contested the decision of the representative body of doctors. A preliminary decision like this always presupposes the existence of two requisites: Fumus bonus iuris (existence of the alleged right) and Periculum in mora (justified concern of an offence).

In the first, when the physician requests this injunction he needs to prove that there is evidence or basis of logical reasoning that allows the judge to anticipate a good possibility of the existence of the alleged right. An example of this would be the fact that the peers who judged him are not qualified in the specialty of bariatric surgery. Thus, the judge would understand that there may be a right incorrectly assessed in light of the law.

For the second requisite, the physician can allege that if the matter was judged in the normal manner, with normal proceedings that last several years, his professional life would be destroyed and he would not have the means of survival.

Then, the preliminary injunction as the name itself defines, is an initial measure with the aim of paralyzing any harmful effects of a decision, with the objective of discussing its merit, with the due legal process and without prejudice to the doctor.

It is necessary to remember that all decisions of professional Councils must generally be assessed by the judicial system. This is because an administrative decision is inferior to the judicial pronouncement in Brazil and thus administrative verdicts must be complemented, confirmed or rectified, either in all or in part.

Our judicial system is organized in this way. However it is very easy to understand that a preliminary injunction will not overturn the decision of the Brazilian Medical Council, not even complement this decision, as judged professionals must always be given the greatest and unlimited defense.

Antônio Ferreira Couto Filho
Lawyer and president of the Bio-rights Commission of the Institute of Brazilian Lawyers and juridical Councilor of Brazilian College of Surgeons.

Editorial Board-BJCVS

Dear Luciano,

Thank you for introducing me to Dr Domingo Braile. I would be pleased to contribute to your journal. As you know we are reorganizing the Cardiac Sciences Program in Manitoba and it is consuming a vast majority of my time. As a result I am spending most of my time in recruiting clinician scientists and organizing research opportunities for them.

I sit on one editorial board and would be pleased to help you but cannot commit to bing able to review articles at this time.

Could you please forward this to Dr Braile with my kindest regards.

Best wishes,

Alan Menkins, Canadá

Dear Prof. Dr. Alan Menkis,

I did receive an e-mail from Prof. Dr. Luciano Albuquerque, present at the Global Conference of Heart Health and Disease in Winnipeg at your Country. He was very impressed with your interest in helping us. As he told you, I am the Editor of the Brazilian Journal of Cardiovascular Surgery, (Official Journal of Brazilian Society of Cardiovascular Surgery). The Journal is published online www.rbccv.org.br in Portuguese and English, and only in Portuguese in the print version. We are in the data base of the "Scielo" www.scielo.org.br that belongs to the Brazilian Government. It is also included in the site of The "CTSNet" www.ctsnet.org. and others data bases. But until now it was impossible to be included in the Medline database. I am sure that you can help us, recommending to the board of Medline our

Journal. In the other hand I will also ask you to collaborate with us, sending some of your articles to be published here. If you agree, I will be very pleased to have you as a member of our Editorial Board, increasing our International insertion. Luciano is one of the best surgeons and investigative researcher and an admirable collaborator for the progress of the specialty in our country. Thank you very much, to all the friendship that you kindly demonstrate for the Brazilian Surgeons present in Canada recently. I hope to have the opportunity to receive you here in Brazil to enrich our knowledge as soon possible.

Thanks for your attention, with my best regards

Domingo Braile
Editor of RBCCV/BJCVS

Ethanol

Dear Editor

We congratulate the authors of the article "Use of ethanol in preventing calcification of porcine pulmonary heterograft: experimental study in sheep" [Brazilian Journal of Cardiovascular Surgery 2006; 21(3): 304-13]. Although our Country has the greatest experience in the world in the development and use of biological replacement grafts, the national literature has few publications on the investigation of anticalcifying treatment, making publications like this one very important.

The efficacy of 80% ethanol as an anticalcifying agent has been previously published and this work confirms these reports. There are studies on several chemical agents that are efficient in inhibiting calcification but treatment using 80% ethanol is one of the most important, however, the study of the mechanical behavior of treated tissues has been systematically ignored in publications.

Our group investigated the mechanical behavior of several anticalcifying agents, with the results of the study being published in a doctorate thesis [1] and, in the specific case of 80% ethanol, although there was a significant reduction in the calcification of bovine pericardium, an inadequate mechanical behavior was observed. When compared to a control group treated using only glutaraldehyde, there was a significant reduction in the mechanical resistance of the tissue associated to an increase in its elasticity according to mechanical tension tests (Figure 1).

Thus, in spite of the efficacy of the treatment with 80% ethanol in inhibiting calcification, there are doubts in regards to the viability of its use in the manufacture of bioprosthesis, because of the ethanol-induced changes to collagen, leading to a low tissue resistance.

We believe all studies on anticalcifying treatments of biological tissues must also include data on the resulting mechanical behavior, because an excellent anticalcifying treatment is useless if there is a significant reduction in the mechanical resistance of the tissue.

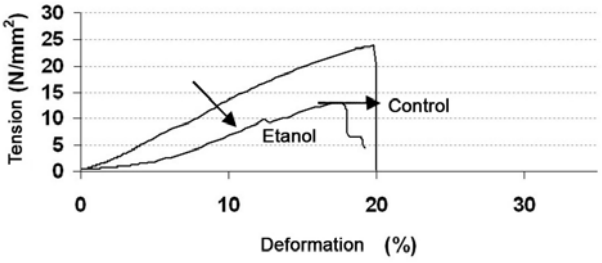

Fig. 1 – tension curve x deformation obtained comparing treatment methods

José Augusto Baucia
Lauro de Freitas, BA

REFERENCE

1. Baucia JA. Tratamentos anticalcificantes do pericárdio bovino fixado com glutaraldeído empregado na confecção de válvulas cardíacas: comparação e avaliação de possíveis efeitos sinérgicos [Tese de doutorado]. São Paulo: Instituto de Pesquisas Energéticas e Nucleares – IPEN, autarquia associada à Universidade de São Paulo – USP;2005. 77p.

José Augusto Baucia
Lauro de Freitas, BA

Heart transplantation: the patients' perspective

Dear Prof. Dr. Domingo Braile

In response to the comments of Prof. Dr. Wilson Daher added to the end of our article entitled "Experiencing heart transplantation: the patients' perspective", published in the last issue of the Brazilian Journal of Cardiovascular Surgery, we would like to make some remarks.

We will briefly try to explain for readers interested in understanding the method of the study, how the data obtained – the participants' descriptions concerning the experience – pass from the existential dimension to the dimension of essential significance that describes the phenomenon "of having a transplanted heart".

The phenomenological method begins with a description, a day-to-day situation. The description of the experience of a recipient is the expression of what he perceives, in a normal sense that does not pass through any reflective process. When asked: "How was your experience of having a heart transplanted?" the participants

describe what comes directly to mind at that moment, that is, what was significant and remarkable about the experience. This data originates from a position prior to reflexive thought, called pre-reflexive, which consists in "returning to the same things", the things as perceived during the experience. The researcher obtains, thus, testimonies about that that is in front of their eyes, as it appears. You could say that the testimonies show the phenomenon, but at the same time hide it, because they show the appearance of the phenomenon, but veil essential truths that will only be exposed through analysis and phenomenologic interpretation. At this moment, the phenomenologic attitude adopted by the researcher is important, allowing an opening to live the experience from a gestaltic viewpoint, that is, totality trying to isolate all and any judgments that may interfere with the opportunity of understanding the description. The researcher tries to avoid any predicative thoughts, conceptions and judgments that may exist in respect to the phenomenon being studied. Hence, the researcher is placing the phenomenon in its own time. The goal of the researcher is, when working with the description of the phenomenon, to bring its essence, the most invariable part of the experience, that part that is found in a context; the essence consists, therefore, in the nature of what is being studied. Merleau Ponty, a disciple of Husserl, who developed the technique we utilized in the analysis of this study, illustrated the approximation to the phenomenon, on trying to discover what he is, by describing a house:

"We noted a neighboring house as we passed by. When we approximate, we first see one side, after, as we walk on, we see the front of the house and after the other side. If we walked around the house we would see the backyard and, if we could enter, we would see the inside from different angles according to our position. As we see the house differently from each angle, we know that it is the same house and then we come to a conclusion that the house really exists, independently of any perspective. On the other hand, the view of this house, from any point where we are, allows us to know that it is a house. To see a house is, thus, to see it from any place, at any moment, that is, to see it perspectively, from a specific site at a specific time, which is referred to as a horizon. Thus, to see the house implicates that it can be seen from several perspectives, which are varying possibilities".

These concepts regarding to space-temporal structure of perception are related to the phenomenological methodology based on Merleau Ponty's technique. When I acquire the descriptions of different participants about the phenomenon that I investigate, I understand that each one of them describes it according to his own point of view of perceiving the phenomenon, at different times and from different places, giving me several perspective views, which cross in the intersubjectivity and present common meanings that enable me to understand the structure of the phenomenon. Immediately following this, when a phenomenological interpretation of the data is made, the view of the phenomenological structure is understood within my perspective as a researcher; witch is another perspective, another field, another horizon, from a scientific viewpoint. This interpreted data allows me to attain a scientific field of generality that I can affirm to be part of the general structure of the phenomenon - the essence of the phenomenon.

The phenomenon presents, thus, a perspectival character. As something that is sometimes seen and sometimes hidden, it appears to those who perceive it according to the human perception, which is perspectival. It is possible to say that the phenomenon is never presented in its total dimension, this would be an abstraction; the convergence of several viewpoints, however, it leads us to perceive the structure of the phenomenon.

For this approach, the entire scientific world is constructed from the perception of the lived world and, when thinking of science, it is necessary to review first the experiences of the lived world of which science is a second expression.

In this manner to discover the essence of the phenomenon, phenomenological reduction is a fundamental resource to guarantee the true description of the phenomenon from obtained information – the descriptions of participants. The reduction highlights the intentionality of the conscience in respect to the world, placing reality as understood from a common sense and purifying the phenomenon of all that is not essential or accidental, making what is essential appear. Husserl created a technique that guarantees the preservation of only what is essential to the phenomenon being studied. This process, called 'eidetic variation', consists in imagining all possible variations of the investigated object in order to identify the components of the object that do not vary, the eternal elements, which define the essence of the object and thereby, reach the essence of the studied phenomenon.

Profa. Dra. Maria Lúcia Araújo Sadala
Prof. Dr. Noedir Antonio Groppo Stolf