Reply

To the Editor

We appreciate the comments of Dr Sersar and associates regarding our recent publication [1]. We would like, therefore, to clarify a few issues stated in their letter.

1. There is no doubt that the case we managed was a thoracic lymphangiomatosis with Gorham's syndrome and not lymphangioma, hence the title of the article and the discussion regarding the appearance of the ribs. Similarly, this is mentioned in initial diagnosis as well as in the histology report.
2. We disagree with the statement "single or multiple lymphangiomatoses may be found . . . ." Lymph-angio-ma-t-osis is an entity/syndrome and not a pathological process, hence patients can only have this once at a given time. They can nevertheless have single or multiple lymph-angio-mas (please refer to the Greek origin of these words).
3. The initial management of this patient was done in a different institution, clearly stated in the text. Our aim was not to criticize our colleagues but present a new treatment modality with possible future implications.
4. We have decided against pleurectomy for two reasons: even after thoracic duct ligation, the estimated chyle leak was more than 100 mL/h, which represents an excessive volume for such a small patient. Our experience in malignant pleural effusions has shown that production of high volume pleural effusions leads to an increased risk of failed pleurodesis. The fluid washes away the sclerosing agents and prevents appropriate tissue opposition.
5. We have not utilized etilefrine since there is no experience in the literature regarding it's use in lymphangiomatosis. Nevertheless it's benefits after esophagectomy and chyle leak management cannot be compared, since a single iatrogenic injury in the thoracic duct does not always produce the same dramatic effects with the extensive leaking network of abnormal and enlarged lymphatics found in single or multiple thoracic lymphangiomas.

Time will tell whether chest wall resection can be considered in selected patients suffering from such a challenging disease. We thank our colleagues for their comments and constructive criticism.

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Reference

1. Papagiannopoulos K, Van Raemdonck DEM, De Boeck K, Lerut T. Pediatric thoracic lymphangiomatosis: is chest wall resection too radical? Ann Thorac Surg 2004;77:695–7.

REVIEW OF RECENT BOOKS

Myocardial Protection
Edited by Thomas A. Salerno, MD, and Marco Ricci, MD
2003, Armonk, New York, Blackwell Futura
512 pp, illustrated, $150.00
ISBN: 1405116439

Reviewed by Danny Ramzy, MD, and Vivek Rao MD, PhD

Doctors Tomas A. Salerno and Marco Ricci from the University of Miami at Jackson Memorial have coedited a comprehensive textbook on myocardial protection for both cardiothoracic specialists and trainees. Both coeditors are internationally recognized as experts in the field of cardiothoracic surgery and myocardial protection. As mentioned by Dr Rainer in the forward "this textbook fills an important niche by pulling together approaches and modalities for myocardial protection applicable to many different scenarios." Perhaps the most telling feature of this text is that the coeditors recruited several experts (clinical and basic science) in the field.

Thirty-four chapters cover the entire field of myocardial protection from its initial description by Melrose to its potential future applications. The textbook covers myocardial protection in several clinical scenarios including coronary bypass; off-pump coronary artery bypass (OPCAB); and valvular, pediatric, and transplant surgery. The first chapter entitled "the history of myocardial protection" gives an excellent summary of the origins of myocardial protection.

Following the history of myocardial protection, Dr Buckberg (chapter 2) explains the duality that all cardiac surgeons must face. He states that surgeons face the competing challenges of technical success and inadequate myocardial protection. This chapter acknowledges the fact that we have made great advances in operative technique but lag behind in advances in the field of myocardial protection. He clearly challenges cardiac surgery's classic statement of "we have good results, why change?" After reviewing this chapter, the reader understands the importance of advancing the field of myocardial protection and in keeping their own knowledge and patterns up to date.

The following 32 chapters are well written and adequately illustrated. They cover every subspecialty from coronary bypass grafting to transplantation. Furthermore, all fundamental issues in myocardial protection are covered, such as antegrade versus retrograde cardioplegia, warm versus cold cardioplegia, and preconditioning. Methods of cardioplegic substrate enhancement are extensively discussed in this textbook and provide the readers with an excellent review of the topic. This chapter covers the current knowledge on glucose-insulin-potassium solutions, adenosine, calcium-channel-blockers, Na^{+}-H^{+} inhibitors, nitric oxide donors, endothelin antagonists, and free radical scavengers. Moreover, this text is not limited to adult surgery and discusses the unique issues concerning myocardial protection in the pediatric population.

This textbook is an excellent review of myocardial protection. It would make an invaluable addition to any cardiothoracic surgeon's library. For surgical trainees, this text would be a precious reference tool throughout their training. Although the print is small, the book is easy to read, the figures are clear and easy to comprehend. The figures would have benefited in some areas with color enhancement, but most black and white photos are legible. This textbook is extremely well referenced. A strength of this text is that institutional biases were avoided by contributions from several experts in the field at various centers. Finally, we commend these authors for their efforts in maintaining a current and active interest in this ever changing field.

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MISCELLANEOUS