



TSDA Weekly Curricula for the week of **June 8, 2009**.

Week 87 of 88, Year 2

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Welcome to Week 87, Year 2 of the TSDA Weekly Curricula. The Curricula is based on an 88-week lesson plan. You can expect to receive TSDA Weekly Curricula e-mail messages every Thursday for the upcoming week, with the exception of holiday weekends. The weekly assignments are a supplement to your residency curriculum and include pre-requisite basic readings for newly-matched residents, as well as core curriculum topics with more extensive and in-depth materials for CT surgery residents. TSDA hopes the Weekly Curricula expands your current knowledge base and enhances your learning experience.

Attention residents completing their CT surgery residency in July 2009: This issue of the TSDA Weekly Curricula represents week 87 of the 88-week curricula; **week 88 will be your last issue.** If you would like to continue to receive TSDA Weekly Curricula messages, please send your name and e-mail address to tsda@tsda.org, and enter "TSDA Weekly Curricula Request" in the subject line. Week 1, Year 1 will be sent in mid-July.

PRE-REQUISITE READING

- [Relations Between Cardiothoracic Surgeons and Industry](#), by Mack, M.J., Sade, R.M., American Association for Thoracic Surgery Ethics Committee and The Society of Thoracic Surgeons Standards and Ethics Committee, in *The Annals of Thoracic Surgery*, May 2009; 87:1334-1336.

CORE CURRICULUM

Cardiac Topic: Chronic Aortic Dissection

Cardiac Talks

- [Predictors of Delayed Neurological Deficit Following Repair of Thoracic and Thoracoabdominal Aneurysm](#) – Hazim J. Safi, MD
- [Thoraco-Abdominal Aortic Surgery](#) – Randall Griepp, MD

Cardiac Reading

- [Aortic Dissection](#), Chapter 51, pp 1216-1222, by Reece, T.B., Green, G.R., Kron, I.L., in *Cardiac Surgery in the Adult, Third Edition*, Cohn, L.H. (ed), New York, McGraw-Hill,

2008, sections: Chronic Aortic Dissection through References.

Additional Cardiac Readings

Observations from IRAD during the Chronic Stage

- [Long-Term Survival in Patients Presenting With Type A Acute Aortic Dissection: Insights from the International Registry of Acute Aortic Dissection \(IRAD\)](#), by Tsai, T.T., Evangelista, A., Nienaber, C.A., Trimarchi, S., Sechtem, U., Fattori, R., Myrmel, T., Pape, L., Cooper, J.V., Smith, D.E., Fang, J., Isselbacher, E., Eagle, K.A., on behalf of the International Registry of Acute Aortic Dissection (IRAD), in *Circulation*, 2006; 114:I-350-I-356.
("Our analysis found that the patients who survive to hospital discharge have a 1- and 3-year survival of 88.6% +/- 12.2 and 68.7% +/- 19.8, respectively. Two-thirds of patients who survive the index hospitalization without surgical correction were alive at 3 years.")
- [Long-Term Survival in Patients Presenting With Type B Acute Aortic Dissection: Insights From the International Registry of Acute Aortic Dissection \(IRAD\)](#), by Tsai, T.T., Fattori, R., Trimarchi, S., Isselbacher, E., Myrmel, T., Evangelista, A., Hutchison, S., Sechtem, U., Cooper, J.V., Smith, D.E., Pape, L., Froehlich, J., Raghupathy, A., Januzzi, J.L., Eagle, K.A., Nienaber, C.A., on behalf of the International Registry of Acute Aortic Dissection (IRAD), in *Circulation*, 2006; 114:2226-2231.
("Contemporary follow-up mortality in patients with acute type B aortic dissection who survive to hospital discharge is high, approaching 1 in every 4 patients at 3 years despite access to and availability of modern therapeutic strategies. Current management and follow-up strategies are yielding unsatisfactory results, and there is a need to evaluate other therapeutic and surveillance strategies.")

Predicting Aortic Events in the Chronic Phase of Aortic Dissections

- [Degree of Fusiform Dilatation of the Proximal Descending Aorta in Type B Acute Aortic Dissection can Predict Late Aortic Events](#), by Marui, A., Mochizuki, T., Koyama, T., Mitsui, N., in the *Journal of Thoracic and Cardiovascular Surgery*, 2007; 134:1163-1170.
("The degree of fusiform dilatation of the proximal descending aorta, a patent false lumen, and a large aortic diameter" predicted late aortic events and may be important indications for earlier intervention during the chronic phase of observation.)
- [Long-Term Predictors of Descending Aorta Aneurysmal Change in Patients With Aortic Dissection](#), by Song, J-M., Kim, S-D., Kim, J-H., Kim, M-J., Kang, D-H., Seo, J.B., Lim, T-H., Lee, J.W., Song, M-G., Song, J.K., in *Journal of the American College of Cardiology*, 2007; 50:799-804.
("The initial false lumen diameter at the Upper Descending Thoracic Aorta [UT] was the most powerful predictor and was better than the initial aorta diameter in terms of predicting late aneurysmal change. The study also demonstrated that the initial false lumen diameter, but not the aorta diameter, correlated with the rate of aorta dilation at the UT" and "we suggest that early surgical or percutaneous intervention such as stent-grafting might be considered for patients with a large [$>$ or $=$ 22 mm] initial false lumen at the UT, since such patients are more likely to show accelerated aorta dilation, develop aorta aneurysms, and suffer catastrophic clinical events.")
- [Dissection of the Descending Thoracic Aorta: Looking Into the Future](#), by Isselbacher, E.M., in *Journal of the American College of Cardiology*, 2007; 50:805-807.
(Editorial comment by one of the principal investigators in IRAD, related to article above. The importance of "identifying a population of patients with distal dissection that may benefit from prophylactic stent-grafting requires improved methods of risk stratification." Recommendation for the evaluation of subsets based on false lumen dimensions in the European ADSORB [Acute Dissection Stentgrafting Or Best Medical Treatment] study are

mentioned.)

- [Toward the Best Treatment for Uncomplicated Patients with Type B Acute Aortic Dissection: A Consideration for Sound Surgical Indication](#), by Marui, A., Mochizuki, T., Mitsui, N., Koyama, T., Kimura, F., Horibe, M., in *Circulation*, 1999; 100:II-275-II-280. (If “patients with type B acute aortic dissection show a maximum aortic diameter of $> \text{ or } = 40 \text{ mm}$ and a patent false lumen at onset, they are predicted to have a high incidence of aortic enlargement during the chronic phase. We [also] recommend the consideration of early surgery for patients with a maximum aortic diameter of $> \text{ or } = 40 \text{ mm}$ but a closed false lumen; however, patients with a maximum aortic diameter of $< 40 \text{ mm}$ and a closed false lumen should continue to receive hypotensive therapy because they are predicted to have a low probability of aortic enlargement and to have a high likelihood of a satisfactory course of recovery of the dissected aorta.”)

Thoracic Topic: Thoracic Duct and Chylothorax

Thoracic Talk

There is no thoracic talk assignment for this week.

Thoracic Reading

- Anatomy of the Thoracic Duct and Chylothorax, Chapter 63, pp 879-888, by Miller, Jr., J.I., in *General Thoracic Surgery, Sixth Edition*, Shields, T.W., LoCicero, J., Ponn, R.B., Rusch, V. (eds), Lippincott Williams & Wilkins, 2005.

Additional Thoracic Readings

- [Aetiology and Management of Chylothorax in Adults](#), by Nair, S.K., Petko, M., Hayward, M.P., in the *European Journal of Cardio-Thoracic Surgery*, 2007; 32:362-369. (An excellent current review of the problem and the standard methods of treatment, particularly important because the percutaneous techniques described below are not commonly available.)
- [A Critical Evaluation of a Percutaneous Diagnostic and Treatment Strategy for Chylothorax After Thoracic Surgery](#), by Boffa, D.J., Sands, M.J., Rice, T.W., Murthy, S.C., Mason, D.P., Geisinger, M.A., Blackstone, E.H., in the *European Journal of Cardio-Thoracic Surgery* 2008; 33:435-439. (In the presence of a documented thoracic duct leak on lymphangiography, the coils were supplemented with Trufill n-BCA glue. If the thoracic duct could not be cannulated, the retroperitoneal lymphatics or cisterna chyli were disrupted; “embolization of the thoracic duct is preferable to its disruption” for successful leak closure.)
- [Chylothorax in Children After Congenital Heart Surgery](#), by Chan, S-Y., Lau, W., Wong, W.H.S., Cheng, I-C., Chau, A.K.T., Cheung, Y-F., in *The Annals of Thoracic Surgery*, 2006; 82:1650-1657. (“Fifteen of the 18 [83%] patients responded to octreotide therapy at 15.3 +/- 5.5 days after starting octreotide, while 3 required further surgical interventions. None developed side effects from octreotide therapy.” Octreotide is a long-acting synthetic analogue of somatostatin and has received mixed enthusiasm in very small series or case reports for several years for the treatment of chylothorax. The prevalence of chylothorax after pediatric cardiac surgical procedures appears to be increasing, most likely because of an increase in the percentage of complex procedures being performed. Please see the invited commentary by Glenn J. Pelletier, MD at the end of this article.)
- [Management of Unremitting Chylothorax by Percutaneous Embolization and Blockage of Retroperitoneal Lymphatic Vessels in 42 Patients](#), by Cope, C., Kaiser, L.R., in the *Journal of Vascular and Interventional Radiology*, 2002; 13:1139-1148. Abstract attached.

- (A very useful first approach, highly dependent on skilled interventional radiologists.)*
- [Percutaneous Treatment of High-Output Chylothorax with Embolization or Needle Disruption Technique](#), by Binkert, C.A., Yucel, E.K., Davison, B.D., Sugarbaker, D.J., Baum, R.A., in the *Journal of Vascular and Interventional Radiology*, 2005;16:1257-1262. Abstract attached.
(The needle disruption technique entails repeatedly puncturing the cisterna chyli or main retroperitoneal lymphatic vessels, reducing lymph flow into the thoracic duct.)

ADDITIONAL RESOURCES

- **Attention program directors, faculty and residents:** If you know of a curriculum topic for which you would like to create a talk, the TSDA Curriculum Committee encourages such contributions. [Instructions for creating a talk can be found on TSDA.org](#). Submissions prepared according to these instructions will be reviewed by the TSDA Curriculum Committee Editorial Board.
- View the [88-week core curriculum](#). The schedule is currently in Week 87 of 88, Year 2.
- A complete listing of TSDA Weekly Curricula cardiac and thoracic [talks and readings](#) is posted on TSDA.org. Talks and readings reflect the 88-week core curriculum. Content is subject to change.
- View TSDA Weekly Curricula [Readings and References](#).
- View TSDA Weekly Curricula [E-mail Archive](#).
- Access the [TSDA Education Universe](#). Open access now available.
- View 2009 CT surgery residency [interview dates](#) and [open positions](#) on TSDA.org.

NEWS & INFORMATION

- **Attention residents completing their CT surgery residency in July 2009:** This issue of the TSDA Weekly Curricula represents week 87 of the 88-week curricula; **week 88 will be your last issue**. If you would like to continue to receive TSDA Weekly Curricula messages, please send your name and e-mail address to tsda@tsda.org, and enter "TSDA Weekly Curricula Request" in the subject line. Week 1, Year 1 will be sent in mid-July.
- **The Society of Thoracic Surgeons Submission Site Now Open:** STS is now accepting abstracts and surgical video submissions for the STS 46th Annual Meeting through 11:59 p.m. CT on Friday, June 19, 2009. Click [here](#) to access the site or visit www.sts.org.
- **The Society of Thoracic Surgeons 45th Annual Meeting Webcast Now Available:** Click [here](#) to access the webcast.
- **2009 Match Dates for 2010 Appointment Year:**
Match registration opened January 7, 2009
Rank order list system opened: April 8, 2009
Quota change deadline: May 13, 2009
Rank order list closed/final deadline: May 27, 2009
Match Day/Results: June 10, 2009, 12:00pm ET
Visit www.nrmp.org for more information.
- Please contact Beth Winer at bwiner@tsda.org if you have comments or suggestions for the TSDA Weekly Curricula.

The next message will be sent on June 11 for the week of June 15.

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