

Thorax

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Correspondence

Surgical palliation for endomyocardial fibrosis

SIR,—I have read with interest the paper by Professor MS Valiathan and others (June 1983, p 421) concerning surgery in 17 cases of endomyocardial fibrosis. Our experience started in March 1978 and to date 51 cases of endomyocardial fibrosis have been operated on in our institution, 45 of them having been recently reported.¹ Our series concerns a rather younger group, since the mean age was 13 years.

Concerning the surgical technique, we agree with the authors that it is possible to avoid the complete atrioventricular block frequently reported. In 1981² we described the technique employed by the authors in keeping a band of fibrotic tissue along the septal leaflet of the tricuspid valve to avoid the area of the conduction bundle.

We would disagree with the authors about the poorer results in right ventricular endocardectomy with tricuspid valve replacement. In our experience the high operative mortality (17% compared with the 29% reported by Professor Valiathan and his colleagues) was mainly in left ventricular and bilateral endomyocardial fibrosis. Only one case of right ventricular endomyocardial fibrosis died after operation and this patient also had severe chronic constrictive pericarditis. However, the late clinical and haemodynamic results were poorer in right than in left ventricular endomyocardial fibrosis owing to chronic heart and liver enlargement, and we advocate early surgery.

Concerning left ventricular endomyocardial fibrosis, we tend in some limited forms with severe mitral insufficiency to perform a conservative valvular procedure³ and have had very gratifying results.

The word palliative may be a little pessimistic owing to the absence of reported recurrence of the fibrosis. One of our patients died four years after surgery from chronic liver disease and there was no evidence of recurrence of endomyocardial fibrosis. We therefore strongly advocate surgery in nearly all cases, except when there is chronic fibrotic disease of the liver with portal hypertension.

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¹ Métras D, Coulibaly AO, Ouattara K, *et al.* Traitement chirurgical de la fibrose endomyocardique. A propos de 45 cas. *Chirurgie* (in press).

² Métras D, Coulibaly AO, Ouattara K, *et al.* Endomyocardial fibrosis: early and late results of surgery in 20 patients. *J Thorac Cardiovasc Surg* 1982;83:62.

³ Métras D, Coulibaly AO, Ouattara K, *et al.* Left endomyocardial fibrosis with severe mitral insufficiency: the case for mitral valve repair. Report of 4 cases. *J Thorac Cardiovasc Surg* (in press).

Notices

Fleischner Society symposium

The Fleischner Society will hold its 14th annual symposium on chest disease from 17 to 19 June 1984 at the Sweeney Convention Center in Santa Fe, New Mexico. There will be lectures, refresher courses, and panel discussions on the imaging, anatomy, physiology, pathology, and clinical aspects of chest disease. The registration fee is \$375 before 1 March 1984 and \$400 thereafter. The fee for residents in training is \$250. Further information from the Fleischner Society Conference Coordinator, 3770 Tansy, San Diego, California 92121, USA.

International Conference on Sarcoidosis and other Granulomatous Disorders

The Tenth International Conference on Sarcoidosis and Other Granulomatous Disorders will be held at the Johns Hopkins Hospital, Baltimore, from 17 to 22 September 1984. The scientific programme consists of seven sessions, concerned with the basic mechanisms of sarcoidosis, immunology, pathophysiological features, mediators of inflammation, criteria of activity, clinical studies, and other granulomatous disorders. The conference will be relevant not only to clinicians but also to pathologists, immunologists, respiratory physiologists, and epidemiologists who wish to locate granulomatous diseases in the Third World. Details may be obtained from Dr D Geraint James, Royal Northern Hospital, London N7.

International conference on bronchoalveolar lavage

An international conference on bronchoalveolar lavage will be held on 16–18 May 1984 in Columbia, Maryland, under the sponsorship of the division of lung diseases, National Heart, Lung, and Blood Institute, National Institutes of Health. Drs Ronald Crystal, NHH, and Herbert Reynolds, Yale University, will serve as co-chairmen. The conference will include six half day sessions on: methodology of bronchoalveolar lavage, inflammatory and immune effector cells and mediators, interstitial lung disorders, staging and treatment of interstitial lung disease, destructive lung disease, and acute lung injury. Poster sessions will be held in conjunction with each of these sessions. In addition to invited speakers, all attendees are urged to bring posters on their own original research relevant to the above topics. Abstracts for posters are due by 15 February 1984. Registration and abstract forms and additional information are available from Dr Anthony Kalica, Division of Lung Diseases, National Heart, Lung, and Blood Institute, Westwood Building, Room 6A05, Bethesda, Maryland 20205, USA (tel (301) 496-7034). A conference fee of \$50.00 will be charged. The registration deadline is 15 February 1984.