

# In Memoriam

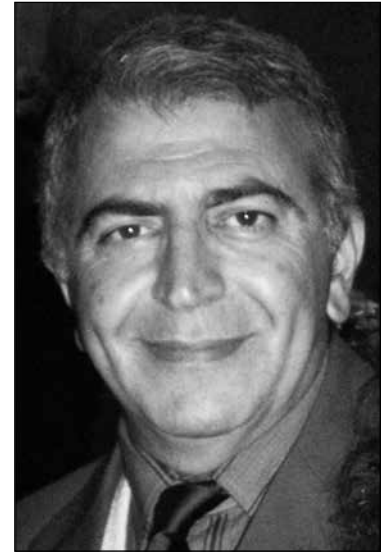
Dr. Sydney Haje  
1952-2012

An obituary written by a son who followed a path parallel to his father's personal and professional life may perhaps be slightly different and longer than the others. My father, my best friend, my pal, my mentor in orthopedics, my majority partner, my companion of publications and chapters of books, the best father in the world to me and my sister. Always at his side the most exemplary, faithful and dedicated wife that he could ever have, my mother, who managed our clinic and his personal life, always strong, and in whom he recognized unmatched qualities, who helped him to grow and to mature as a human being and professionally. I am glad to know that my father was very happy with my mother, with his children and grandchildren, besides his countless friends. I could write pages and pages about his personal virtues here, but I will stick to his professional achievements, of which we are very proud.

Born in Anápolis, in the state of Goiás, he moved to Brasília in 1969 to complete his studies, having graduated in medicine in 1976 from the University of Brasília (UnB) and done his orthopedic residency at the Hospital Sarah. He was also specialized in physiatry.

His great legacy in medicine was having created a conservative treatment protocol for thoracic deformities. His first patient was treated 35 years ago, when he created the CDT I, and later, the CDT II (dynamic chest compressor) orthoses, associating a specific exercise protocol (Dynamic Remodeling Method), which established new standards for the treatment of *pectus carinatum* and *pectus excavatum*, and brought the treatment of these pathologies, previously treated only by thoracic surgeons, to the area of orthopedics. The number of patients with *pectus* cataloged and photographed with an admirable organization was close to five thousand.

He was the first to describe the different types of *pectus* in his publications; he reported that for each type of *pectus* there is a treatment prognosis and an ideal age to start the treatment; he showed that the flexibility of the ribcage is variable and that the treatment also depends on this factor. He showed that for any treatment with the use of thoracic orthoses it is necessary to have considerable sensibility as a physician, which he had in spades. Besides treating these deformities, he researched their prevalence in our population and showed their association with some respiratory and vertebral conditions. He pioneered the production of these deformities in an animal experiment at the Alfred I. Dupond Institute, in the United States, showing that, instead of the sutures previously described between the sternal segments, there are actually growth plates, proving that both *carinatum* and *excavatum* are caused by growth disorders genetically determined in these plates. It was in the *Journal of Pediatric Orthopaedics* that he had his first international publication, among another 23 on the topic of *pectus*. He was the first to describe in *International Orthopaedics* the possibility of iatrogenic *pectus* after cardiac surgery associated with sternotomy on the immature skeleton, due to the injury of these growth plates. The radiology of the thoracic skeleton was not left aside, showing in innovative and award-winning publications (*Caffey Award Paper*), in *Skeletal Radiology* and in *Pediatric Radiology*, what happens to the manubrium, the sternum and the costal cartilages in patients with *pectus*. He created radiographic indices, besides unprecedentedly describing several tomographic findings and correlating these with the different types of *pectus*. In *International Orthopaedics* he published the possibility of hypercorrection of *pectus* deformities with the treatment that he had invented and how to deal with these complications, product of a more than effective treatment. He had the pleasure of describing his treatment in detail in a book edited by his friend Hebert Sizinio and in publications in the *RBO* (Revista Brasileira de Ortopedia, or Brazilian Orthopedic Journal). This treatment was in constant evolution. Today, if he were to write a new chapter, he would show his new innovations in the treatment of *pectus*, often details that made a huge difference in successful treatment.



His method was recognized globally. Colleague Dr. Andre Hebra, professor of Pediatric Surgery at the University of South Carolina, wrote the following email to the scientific community a few days ago: *“The surgical community across the world is mourning the loss of Dr. Haje. His creative and visionary mind will forever be a source of inspiration for medical professionals, particularly surgeons that care for children. Thanks to his dedication and devotion to patients affected by congenital chest wall malformations, he was able to revolutionize the management of pectus deformities, bringing to the forefront creative treatment options that provided cure without surgical intervention. His unselfish nature allowed for the quick dissemination of his treatment techniques across the world, bringing the brace treatment to all continents. Without any doubt, thousands of children all over the world have already benefited from Dr. Haje’s treatment interventions. Our surgical community will, as he was, continue to be committed to the dissemination of his treatment techniques to the benefit of countless number of patients. Dr. Haje will always be remembered by all of us with great admiration and respect. We share with his family the great sadness of the premature loss of his life. However, we are confident that the many patients that have benefited from his work and the many more that will benefit in the future from his techniques will place him on a special pedestal for medical innovators that will never be forgotten.”*

Dr. Haje lectured on his treatment method in the United States, England, Canada, Turkey, Argentina, Croatia, Spain, Mexico and Russia. His method is considered revolutionary in England (<http://vimeo.com/31697805>) and is already adopted in this country under his name (<http://www.londonorthotics.co.uk/pectus-treatment.html>). The world’s most eminent thoracic surgeons with the most material published bowed to his technique, and Dr. Sydney A. Haje was always one of the main conference speakers at the last meetings of the *Chest Wall Interest Group* (CWIG). In his publications and lectures, he made a point of showing details of his treatment so that other colleagues could reproduce his method.

I do not know why, but he always used to tell me that his last publication would be his ultimate work. In the last paper, he unprecedentedly described the simultaneous conservative treatment of thoracic deformities and of severe scoliosis, showing the results with his Brasilia Bending Brace. In my opinion, this will be another contribution to our orthopedics when studied with a larger number of case studies and longer follow-up time.

He helped underprivileged patients from Brasilia by creating the first program for conservative treatment of *pectus* in the public health network in Brazil, in 1995, managing to get the CDT I and II orthoses distributed gratuitously in the Federal District since then. On the day and at the time of his death, a local TV program coincidentally showed patients receiving a CDT free of charge at an orthopedic workshop of the government.

He had plans to continue the treatments of the thousands of patient that came from all over Brazil and the rest of the world; he had plans to continue spreading his teachings around the world. In November, he was going to visit London to teach the English to treat chest problems with his method once again, in a one-week course. He had already been invited to take part in the next meeting of CWIG, in South Korea, in 2013.

He was always very active in SBOT (Brazilian Society of Orthopedics and Traumatology). He was president of the regional section of the Federal District for two biennial terms of office in a row, during which time he reformulated the society, which has grown stronger since then. He created the first COT-COB (Orthopedic and Traumatology Congress of Midwest Brazil) and launched Brasilia’s candidacy for CBOT (Brazilian Orthopedic and Traumatology Congress), which took place in 2010. Until recently he was an active participant in the Medical Association of Brasilia (AMBr), where he was scientific and continuing medical education director.

On the saddest day of my life, I found my father’s lifeless body in front of his computer, where he had been replying to daily queries that arrived from patients, besides writing his scientific publications. He had just finished writing his last two words before his heart suddenly stopped beating. I caught sight of a scientific text about the work of his professional life, about *pectus*, for the first time without his name, just with mine. Perhaps a divine sign that, at that moment, he had already done everything he needed to do on earth.

For details of his resume, scientific publications and international awards, visit the website [www.orthopectus.com.br](http://www.orthopectus.com.br). For his last interview, in which he talks about his method in detail, see <http://vimeo.com/orthopectus/videos2>.

*Prof. Dr. Davi P. Haje, ou seu filho Davi*