Thus, the amount of heparin delivered during the perfusion was reduced, and we did not notice more inadequate bleedings than the expected ones. We have taken into consideration that this variation in ACT times for the same sample should be related to the different clotting activator agents. Add to this the possibility of earlier fibrin detection by the electronic method A, rather than by the manual method.

However, it attracted our attention the fact that, by the method A, even with the progressive increment of heparin, ACT hardly reached 400 seconds, never reaching 500 seconds. This led us to base our heparin replacement during CPB on the manual method, or on the electronic method B (in which our ACT minimum tolerance threshold for administration of extra anticoagulant is of 600 seconds).

Dr. Melo and co-workers observed, speaking with propriety, that the decreased anticoagulant activity of the new heparins can be hold responsible for the consumption coagulopathy during CPB, especially because its lower molecular weight fraction did not respond to the clotting test. Thus, this unfractionated heparin would not be counterbalanced by the protamine, remaining into the circulation, thus favoring per- and postoperative bleeding.

We believe that, added to what has already been considered by the Authors, the underevaluation of ACT measurement (by device A), much inferior to that achieved by the manual method or by electronic devices with the same activator, leads to the administration of undesired new doses of heparin, which can also be contributing to a massive bleeding in these patients.

Cordially,

Luís Alberto O. Dallan, Fernando Platania, Adriano M. Milanez - Cardiac Surgery Service; Hospital Ana Costa – Santos/SP - Brazil

Transplantation

Mr. Editor of BJCVS:

This letter is a formal request for your Journal to publish a comment on my historical article, "Cardiopulmonary and Heart transplantation: 100 years of history and 40 years of existence" (RBCCV/BJCVS 23.1, Jan/Mar 2008), which was written as follows:

Regarding homologous heterotopic heart transplantation (intrathoracic) "in parallel" successfully performed for the first time in a human patient by C. Barnard in Cape Town in 1974 (cited in our Article) - it is important to also report the experimental study on this same subject, performed and published by PhD Professor Otoni Moreira Gomes.

In July 1970, in the Brazilian Journal of Medicine, Prof. Otoni M. Gomes published his study as a "Previous Note". The study was performed in the Aloysio de Castro State Institute of Cardiology in Rio de Janeiro, and was titled "Homologous Heterotopic Heart Transplantation (Intrathoracic)", experimentally performed in dogs.

PhD Professor Otoni M. Gomes's study is also mentioned in the book "Techniques of Cardiovascular Surgery", published by Editora Coração Ltda. of 2007.

Unfortunately, for reasons beyong my control, this innovative study performed in Brazil is not mentioned in my aforementioned article about cardiopulmonary and heart transplantation.

Thank you for your attention.

Yours sincerely.

Dr. Paulo Rodrigues da Silva, Rio de Janeiro/RJ - Brazil