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Dr. Paulo Pêgo-Fernandes apresenta estudo inédito no Congresso da STS

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O Dr. Paulo Pêgo-Fernandes, Professor da FMUSP (INCOR), Editor do São Paulo Medical Journal, e membro do Conselho Editorial da Revista Brasileira de Cirurgia Cardiovascular (RBCCV), foi tema de uma reportagem no Boletim do 46th Congresso da *Society of Thoracic Surgeons* (STS), realizado de 24 a 27 de janeiro, em Fort Lauderdale, Flórida, Estados Unidos.

A matéria aborda a apresentação da Fase I de um *trial* sobre "T*herapeutic endoscopic thoracic sympathectomy*" pelo Dr. Paulo Pego. Participaram do *trial* 15 pacientes com cardiomiopatia dilatada e fração de ejeção menor que 40%, todos na Classe funcional II ou III da *New York Heart Association*, com frequência cardíaca acima de 65 batimentos por minuto, apesar do uso correto de beta-bloqueadores, ou por causa de intolerância do paciente à droga.

O procedimento demonstrou ser seguro e nenhum dos pacientes apresentou efeitos adversos relacionado ao procedimento no período peri-operatório, nem durante os 6 meses de seguimento iniciais. Segundo o Dr. Paulo Pêgo, a técnica é fácil de ser aplicada e aparenta ser segura em pacientes com falência cardíaca grave, podendo ser uma alternativa para conseguir-se bloqueio simpático em pacientes graves com cardiomiopatia dilatada.

Early Data Bode Well For Thoracic Blockade

Several surgical procedures might provide palliative treatment for patients with dilated cardiomyopathies. Previous research has shown in such cases that the level of sympathetic nervous activity in patients with severe heart failure is a major determinant of prognosis.

"In an effort to exploit this observation, we conducted a proof-of-principle trial of therapeutic endoscopic thoracic sympathetic blockade in heart patients to assess safety and immediate ventricular function effects," said Paulo M. Pêgo-Fernandes, MD, who will present the results of his phase I clinical trial on Tuesday.

DR. PAULO M. PÊGO-FERNANDES

The study investigators enrolled 15 patients with dilated cardiomyopathy and left ejection fraction less than 40%, New York Heart Association functional class II or III, and heart rate above 65 beats per minute, despite adequate beta-blocker use or because of patient intolerance of the drug. Of those, 10 patients underwent left infrastellate ganglion plus T3-T4 interspinal space clipping through videothoracoscopy, while the other five were randomized to a control group.

The criterion for surgical reversal was severe worsening of heart failure symptoms in the perioperative period, according to Dr. Pêgo-Fernandes and his colleagues at the Faculdade de Medicina da Universidade de São Paulo, Brazil.

The procedure appeared to be safe; none of the treated patients experienced any procedure-related adverse cardiovascular event in the perioperative period or during the initial six months of follow-up.

Two patients died from unrelated causes at the initial follow-up. Only one patient failed to improve clinically (this patient maintained functional class III), whereas this parameter did not change in the control patients and two experienced heart failure leading to death, according to the researchers.

In addition, in the treated patients, a significant improvement of left ventricular ejection fraction was documented (from 21% to 28%, $P = .02$) at six months of follow-up, whereas this parameter did not change in the control patients.

"Endoscopic left thoracic sympathectomy is feasible and appears to be safe in severe heart failure patients. Exploratory data from this study suggest that this procedure might be an effective alternative approach to sympathetic blockade in the treatment of dilated cardiomyopathies," Dr. Pêgo-Fernandes concluded. ■

Parallel Surgical Forum IV: Adult Cardiac II
TUESDAY 4:30 PM – 5:45 PM
Palm A/B