Figure 1. Radiograph of 48-year-old man with squamous cell carcinoma of left lung, penetrating pericardium.

Figure 2. Patient in Figure 1 after pneumonectomy and pericardiectomy. Although area of penetration was small, most pericardium was resected, avoiding herniation.

the pericardium, I prefer not to close the pericardium at all but rather to do a near-total pericardiectomy. Figure 1 shows a radiograph of a 48-year-old man with squamous cell carcinoma of the left lung, penetrating the pericardium. Figure 2 shows the same patient after pneumonectomy and pericardiectomy. Although the area of penetration was small, most of the pericardium was resected, thus avoiding herniation. During the past 22 years (1980-2001), my associates and I have performed 14 such

operations at the Wolfson Medical Center, with no undue effects.

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J Thorac Cardiovasc Surg. 2002;123:1206-7.

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Reply to the Editor:

Thank you for the opportunity to comment on Weissberg's letter concerning our article. The technique of leaving the pericardium open, enlarging the defect if it is small, is a described option after intrapericardial left pneumonectomy.¹ In fact, on the left side, differently than on the right side, the life-threatening complication is not the herniation of the heart but rather its strangulation through a small pericardial hole. Unfortunately, we have no personal experience to comment on this technique, because we always close any pericardial defect on both the right and left sides, as suggested by other authors.² However, we are a little concerned that "near-total pericardiectomy," as suggested by Weissberg, may cause any injury to the phrenic nerve, the function of which is also important after a pneumonectomy.¹

"To be or not to be," said Hamlet. "That is the question," he continued. "To Close or Not to Close," Weissberg entitled his letter. "This is not a question," we would continue—if you are on the left side and enlarge the defect with regard to the phrenic nerve.

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Which cell dose supports motor neurons' survival?

To the Editor:

We read with interest the article by Perdrizet and associates¹ titled "Preoperative stress conditioning prevents paralysis after