TABLE 1. Relative gene expression of lipoprotein receptors and inflammatory factors in native and graft hearts of rabbits untreated and treated with lipid nanoemulsion LDE-paclitaxel

Pool of samples (n)	Lipoprotein receptors			Inflammatory mediators							
	LDLR	LRP-1	CD36	TNF- α	IL-1 β	IL-18	IL-10	MCP-1	VCAM-1	MMP-9	MMP-12
Native (4)	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	.00
Control (2)	12.23	48.52	2.07	65.83	481.09	29.59	90.94	29.97	27.81	842.81	2598.93
LDE-paclitaxel (2)	4.57	4.29	0.82	39.50	27.52	4.83	31.99	6.21	6.30	94.61	596.90

LRP-1, Low-density lipoprotein receptor-related protein 1; CD36, cluster of differentiation 36; TNF- α , tumor necrosis factor- α ; IL-1 β , interleukin-1 β ; IL-18, interleukin-18; IL-10, interleukin-10; MCP-1, monocyte chemoattractant protein-1; VCAM-1, vascular cell adhesion molecule-1; MMP-9, matrix metalloproteinase-9; MMP-12, matrix metalloproteinase-12; LDLR, low-density lipoprotein receptor.

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<http://dx.doi.org/10.1016/j.jtcvs.2014.07.005>

CONSTRUCTIVE PERICARDITIS: EARLY DIAGNOSIS FOR A BETTER PROGNOSIS

To the Editor:

We have read with great interest and admiration the report recently published in the Journal by Kang and colleagues¹ about prognostic predictors in pericardiectomy for constrictive pericarditis. This is a rare disease that often requires a high level of suspicion. We would like to highlight several aspects of interest about this entity. First, from an etiologic viewpoint, a decline has occurred in the incidence of tuberculosis disease in Western countries, with a progressive increase in the cases related to previous cardiac surgery and radiotherapy. Otherwise, because its clinical presentation is nonspecific, its detection requires a good index of suspicion. Recently, Raissuni and colleagues² reviewed the role of multimodality imaging in the diagnosis of

pericardial constriction. Although echocardiography has been the main and first diagnostic tool, it has several limitations and is operator-dependent; thus, other imaging techniques must be used. Both cardiac computed tomography and cardiac magnetic resonance imaging can play an important role in the definitive diagnosis. About the treatment, the significant relevant points are to identify the preoperative prognosis factors and to know the clinical outcome after surgery.² In this sense, Kang and colleagues¹ have analyzed the preoperative echocardiographic prognostic factors in Asian patients with chronic constrictive pericarditis. A high early diastolic mitral inflow velocity and diabetes mellitus were predictors of a poor prognosis after pericardiectomy. The echocardiographic findings of their study must be validated in a high population; however, it reflects the possibility of echocardiography, not only as a diagnostic tool, but also as a prognostic tool. Related to the prognostic factors, we have also recently analyzed cases of constrictive pericarditis that had been treated with pericardiectomy at our institution during the past 20 years. Our results were similar to those recently reported by Avgerinos and colleagues.³ We had 42 patients with similar etiologies (mainly idiopathic in 53% of patients). However, we had different prognostic factors. In our patients, a poor prognosis was related to postcardiac surgery disease and advanced New York Heart Association class. Regarding cardiac surgery, Gaudino and colleagues⁴

have recently performed a critical review. They emphasized the need to keep a high level of suspicion for all surgeons and physicians involved in the long-term care of cardiac surgery patients, because pericardial disease can develop at any moment during the postoperative follow-up period and misdiagnosis has not been infrequent. We believe that early suspicion and diagnosis are needed for a better prognosis.

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<http://dx.doi.org/10.1016/j.jtcvs.2014.05.058>