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WE HAVE TO BE PIONEERS: WE OWE IT TO THE FUTURE GENERATIONS

To the Editor:

...Each is given a bag of tools,
A shapeless mass,/A book of
rules;/ And each must make—
Ere life is flown—/A stumbling
block/Or a stepping stone.

—R. L. Sharpe, “A Bag of
Tools”

It was 1997 when I started my experience in cardiac surgery. It was a new world to my eyes, and I could hardly remain indifferent to the magic behind cardiac surgery.

I was consumed by the pleasure of reading about pioneers of the 1950s. Only nowadays I really understand their efforts in giving us the opportunity to operate on children who were previously destined to die. They were doctors, scientists, and engineers at the same time. I still strongly have in my mind the image of the first open-heart surgical operation: a grainy black-and-white photograph with more than 10 people surrounding the surgical bed and a heart-lung machine as big as a tractor!

What an incredible history behind cardiac surgery!

I recently attended a symposium in which I heard several doctors agree to surrender to the hypoplastic left heart syndrome. In my opinion this is, like laying down arms. Do we really want to fight only when we are sure to win?

What would have happened if W. Lillehei had never tried to close a ventricular septal defect with the cross circulation? What if A. Blalock had never tried to use his knowledge to treat tetralogy of Fallot?

It seems that the pediatric cardiac surgery has reached a limit that cannot be overcome. The limit is drawn by the actual capability of having a fetal diagnosis that helps us more and more to avoid the anatomic challenge and not take care of it. One can guess that a severe congenital defect could significantly affect quality of life. This is absolutely true until we are unable to find a solution. Our challenges are the same challenges of the past. Conversely, the society has changed and is asking us to use technologic advances to avoid problems and not to solve them. We should not be part of this mechanism.

I recently had the chance to speak with a pioneer of cardiac surgery. We were speculating about this argument when he told me, “We were inventors

and we had fantasy.” This phrase seemed like a sentence. And I found it was absolutely true.

For centuries, doctors have tried to improve their knowledge and sought to improve both the duration and the quality of life. We are required to have the same behavior. When facing a small patient suffering from a congenital heart disease, we shouldn't think him as having a “wrong birth” but rather as having inadequate care. This is the essence of medicine.

As a matter of fact, cardiac surgery for acquired disease is still in progress, because for adults there is no other choice than find a solution for complex situations. Modern medicine can't think of pregnancy interruption as the solution for complex congenital heart diseases.

We have to be pioneers; we owe it to the future generations.

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IS PLEURODESIS FOR THE TREATMENT OF PRIMARY SPONTANEOUS PNEUMOTHORAX A MISNOMER—AND IF IT WORKS, DOES IT MATTER?

To the Editor:

Pleurodesis has been used for more than 60 years to treat the complications of primary spontaneous pneumothorax, persistent or recurrent air leak. It has a commonly quoted success rate of 90% for this condition.

The term *pleurodesis* has developed 2 distinct meanings: (1) the instillation of an agent or physical abrasion to cause inflammation in the pleural surfaces and (2) adhesion between the visceral and parietal pleural