We see things not as they are but as we are

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Left ventricular pseudoaneurysm can occur after myocardial infarction, previous cardiac surgery, trauma, and infection. The major indications for repair are the potential for rupture, arrhythmias, and heart failure caused by the paradoxical expansion of the pseudoaneurysm during systole stealing forward flow. Successful surgical repair requires the surgeon to address these concerns. This usually entails direct or patch closure of the opening of the pseudoaneurysm to eliminate the risk of rupture and convert the paradoxically expanding pseudoaneurysm sac into a stable, akinetic area while maintaining ventricular geometry. These aneurysms are usually approached from the external cardiac surface, opening the pseudoaneurysm sac, identifying the opening, and closing in an appropriate manner. In this issue of the *Journal*, Drs Charles and Crestanello¹ describe a postmyocardial infarction left ventricular pseudoaneurysm that occurred with patent saphenous vein grafts and a patent left thoracic graft attached to the pseudoaneurysm sac. They describe a clever internal repair in a transaortic valve fashion that allowed them to complete the repair accomplishing the principles listed while avoiding the patent bypass grafts and the potential injury of these grafts. The operative procedure is well described and beautifully illustrated.

Who we “are” as professionals is a distillation of our experience and knowledge, and affects how we view problems and solutions to these problems. Perspective is both relative and important. Cardiac surgeons are familiar with looking at the heart from the outside, and one might ask how this surgical team came to this innovative internal repair approach. Are they the first to use an internal approach? No, and in fact the senior author of this commentary used an internal repair approach for left ventricular pseudoaneurysm after mitral valve replacement in 1991.² However, this pseudoaneurysm is larger and farther away from the mitral annulus, where surgeons are more

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Central Message

Innovative approaches to old problems come from looking from a new perspective.

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comfortable operating. In addition, we are seeing pseudoaneurysms after a transapical approach to transcatheter cardiac procedures treated successfully with a transcatheter internal repair.³ The rapid growth of transcatheter aortic valve replacement has been accompanied by the establishment of well-functioning heart teams. The well-functioning heart team combines the knowledge and experience of both interventional cardiologists used to approaching cardiac lesions from the inside out and cardiac surgeons more versed in going from outside in. We see things not as they are but as we are. This blending can change who we “are” and lead, in the right environment, to seeing things in an innovative way and novel approaches to old problems. How long before this team creates a transcatheter approach to a similar problem? From our heart team to yours, congratulations.

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