Fig 1. Cusps of explanted BioCor stentless aortic valve treated with the No-React formula, which was implanted 5 years ago. Note disintegration of 2 of the cusps.

when implanted in hearts that may eventually change size. Our results with the No-React-treated BioCor stented and stentless valves (BioCor, Belohorizonte, Brazil) in adults correlate with those of Von Oppell and associates² but are not different from results obtained with valves in which the glutaraldehyde was not rinsed out. Massetti and associates³ reported that No-React pulmonic porcine valve conduits they implanted in children were free from calcification at 18 months, and we are hopeful that the valves will remain so for several years. In our study, the valves were free from calcification at 18 months too. However, on June 11, 1999, we had to explant the last stentless BioCor No-React-treated aortic valve on an emergency basis because of rupture of 2 of its cusps (Fig 1). The left and right coronary cusps had entirely disintegrated at the free edges, but we saw no evidence of calcification. The condition of the valve caused acute and severe aortic incompetence. We may learn about the need to detoxify the tissues and the potential effect on its mechanical properties from this last patient.

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Percutaneous treatment of acute aortic dissection

To the Editor:

Acute aortic dissection is frequently a surgical emergency. The recent publications of nonsurgical treatment with catheter-delivered endovascular stent-grafts by the Stanford group^{1,2} and the German-Italian group³ cast a new light on the approach to this life-threatening disease. These studies represent a milestone in the treatment of aortic dissection.

Cardiovascular catheterization and angiography are no longer for diagnosis only. They have blossomed into therapeutic applications and become an integral part of therapeutic interventions in both cardiac and vascular diseases. The Stanford experiences also represent a multi-disciplinary effort involving both cardiovascular surgeons and interventional radiologists. Stent-graft placement requires state-of-the-art image technology, as well as precise manipulation of the catheter and positioning of the stent.⁴ The results are very promising and the future looks bright. We await more patients to receive such innovative percutaneous treatment and their long-term results.

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