Warm reperfusion as an adjunct to myocardial protection
To the Editor:

We congratulate Hendrikx and colleagues for their work entitled “Release of Cardiac Troponin I in Antegrade Crystalloid Versus Cold Blood Cardioplegia” (J Thorac Cardiovasc Surg 1999;118:452-9). Their conclusions concur with most of the results of our previous studies on this subject.1 We would like to emphasize two points we consider to be important. We, too, have shown cardiac troponin I release to be higher with antegrade crystalloid cardioplegia in patients with main stem stenosis.2 Hendrikx and colleagues, in addition to confirming the results of our study on warm reperfusion and myocardial protection,4 have shed new light on the interest of adding warm reperfusion to myocardial protection. Our comparison of crystalloid to cold blood cardioplegia and cardiac troponin I release to be higher with antegrade crystalloid cardioplegia in patients with main stem stenosis.3 Hendrikx and colleagues, in addition to confirming the results of our study on warm reperfusion and myocardial protection,4 have shed new light on the interest of adding warm reperfusion to myocardial protection. Our comparison of crystalloid to cold blood cardioplegia with warm reperfusion showed the second option to be better.2 When we compared crystalloid with warm reperfusion to cold blood with warm reperfusion,4 we found the myocardial protection provided by these two methods to be similar. We concluded that the comparison of the results of these two studies suggested “that much is to be gained by adding warm reperfusion to crystalloid cardioplegia.”4 Hendrikx and colleagues show cold blood cardioplegia with no warm reperfusion and, hence, emphasize the benefit of completing cardioplegia with warm reperfusion. Hendrikx and colleagues provide one more argument to encourage users of crystalloid or cold blood cardioplegia to complete it with warm reperfusion.

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REFERENCES