

3. Mesothelioma should be in the differential diagnosis of most chest wall tumors. Publication constraints led to our failure to emphasize mesothelioma.

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### Bentall Redo

To the Editor:

We congratulate Drs Panos, Teoh, Wilson, and Salerno on their article "Replacement of the valvular prosthesis in a patient with a Bentall procedure" [1]. We have been using this method since 1980 with excellent results and presented the initial experience in Rio de Janeiro in 1988 at the Brazilian Congress for Cardiac Surgery. At that meeting Dr Salerno was an official guest speaker. Coincidentally, our presentation just preceded his conference. Later on, that same report was published in the *Revista Brasileira de Cirurgia Cardiovascular* [2].

Regrettably, however, none of our articles were mentioned in their publication. Although this could be explained by the fact that we had not published the article "in totum" in the English-language literature, it was presented at the 19th Congress of the Latin American Chapter, International Society for Cardiovascular Surgery, Havana, Cuba, in 1988 and at the 37th Congress of the European Society for Cardiovascular Surgery in Finland in 1988, from which an abstract appeared in the *Journal of Cardiovascular Surgery* [3].

In any event, the technique is good and should be employed whenever possible.

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### References

1. Panos AL, Teoh KT, Wilson JK, Salerno TA. Replacement of the valvular prosthesis in a patient with a Bentall procedure. *Ann Thorac Surg* 1992;54:555-6.
2. Kalil RAK, Garcia-Macedo R, Prates PR, et al. Reoperações após cirurgia de Bentall-DeBono para ectasia anulo-aórtica. *Rev Bras Cir Cardiovasc* 1988;3:93-100.
3. Kalil RAK, Prates PR, Lucchese FA, Sant'Anna JR, Pereira EM, Nesralla IA. Late reoperations after aortic root replacement [Abstract]. *J Cardiovasc Surg* 1988;29:92.

### Reply

To the Editor:

The oversight of Dr Kalil's article is most unfortunate, as he described a similar technique for dealing with reoperations in patients who have previously had a Bentall procedure. Doctor Kalil's paper was written in a Brazilian journal and gives operative details of this difficult clinical problem. Little is mentioned about the myocardial protective technique, which in our case was retrograde continuous warm blood cardioplegia. We claimed no primacy on this technique in our article and agree that Dr Kalil reported it before us in a Brazilian journal.

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### CORRECTION

#### "Hyperglycemia Increases Cerebral Intracellular Acidosis During Circulatory Arrest"

by Richard V. Anderson, MD, Michael G. Siegman, MD, Robert S. Balaban, PhD, Toni L. Ceckler, PhD, and Julie A. Swain, MD

The last sentence of the abstract of this article was incorrect. The sentence should read as follows: "These results support the hypothesis that hyperglycemia during cerebral ischemia drives anaerobic glycolysis and thus leads to increased lactate production and an increase in the intracellular acidosis normally associated with ischemia."