

Letters to the Editor

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RBCCV 44205-1623

BJCVS/RBCCV and Endnote

Dear Editor,

Certainly, it is a difficult task to elaborate, develop and write a scientific paper to publish. Therefore, we can surely say that this following approach can be useful to everyone who wants to publish and share the agreement of others who have just published papers; studies such as Master and Doctorate thesis. All has experienced some constraint drawn on data format as well as updating references mainly extensive ones. In view of this, we developed the formatting styles in the EndNote program (www.endnote.com) for both the Brazilian Journal of Cardiovascular Surgery (BJCVS/RBCCV) and the Postgraduate course of Faculdade de Medicina de São José do Rio Preto (São José do Rio Preto Medical School). Through these styles, the sequence of the entire list of references can be automatically formatted and updated. This mechanism would ease only to the researchers who has acquired the EndNote program (which is paid). It would be very comfortable if this mechanism could be available to every cardiovascular surgeon for free. After being in touch with Thomson Reuters, EndNote right owner, we had a favorable understanding toward these formatting styles. Also Shriram Venkatesh, product support analyst, and Cheryl Rodriguez, technical support, both kindly sent us several suggestions improving significantly the final product. These two programs were included in the Endnote website and they are now available for use after 14 months of waiting.

Today, we are very happy to announce to colleagues the inclusion of both bibliographic styles: the BJCVS / RBCCV

and the Postgraduate course of São José do Rio Preto medical school in the EndNote site (www.endnote.com) and EndNote Web (www.myendnoteweb.com.br). Now one can use the online program free for charge anywhere in the globe. The tutorial addressing how to use EndNote Web will be further found in another information article. Below, we attached the last Thomson Reuters's email:

From: Thomson Reuters Technical Support <rs.support@thomsonreuters.com>

Date: 23 de janeiro de 2015 14:53:23 BRST

To: "maboliveira@gmail.com" <maboliveira@gmail.com>

Subject: Addition of 2 new styles

Greetings, Marcos:

Good news! The styles "FAMERP" and "RBCCV" should now be available in the general EndNote online collection.

If you have any further questions, please do let me know.

And thank you again for your patience!

Sincerely,

Shriram

Shriram Venkatesh

Product Support Analyst

Thomson Reuters

We acknowledge Adilia Maria Pires Sciarra for her help in the english version.

Marcos Aurélio Barboza de Oliveira, Faculdade de Medicina de São José do Rio Preto, São José do Rio Preto, SP, Brazil; UNIFEV, Votuporanga, SP, Brazil

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Is clinical treatment the gold standard in the treatment of acute type B aortic dissections?

The type B aortic dissection treatment is showing a paradigm change with the consolidation of the endovascular treatment. Duarte et al.^[1] present a review of the most important works that demonstrate this evolution. The concept that the type B aortic dissection treatment is primarily clinical, with surgery reserved for complicated cases, are based on the first publications of IRAD^[2], in 2001. This work showed

hospital mortality of 10% for clinically treated cases. The surgical treatment presented mortality rate of 31% with 18% of paraplegia. These results were not obtained by randomized controlled trials, nor considered the technical innovations of the elephant's trunk and cerebral anterograde perfusion. However, the patients initially treated medically, showed 20 to 50% of mortality^[3] in late evolution, providing the search for new treatments. The INSTEAD TRIAL^[4] was the first randomized multicenter study comparing the optimized medical treatment with endovascular treatment in uncomplicated type B aortic

dissections in sub acute phase (15 to 30 days of evolution) and chronic (more than 30 days of evolution). This study showed that, after three years follow up, the endovascular treatment had lower mortality than medical treatment and greater aortic remodeling and minor complications related to the aorta. There is'nt scientific evidence, about the best treatment for cases of uncomplicated type B aortic dissection in acute phase (less than or equal to 14 days of evolution). Recently, the one year ADSORB TRIAL^[5] results were publishing. This work randomized the cases of uncomplicated type B aortic dissection in acute phase to optimal medical treatment and endovascular treatment + optimized medical treatment. Both groups showed no hospital mortality. The endovascular treatment group had higher aortic remodeling, with increased in the true lumen diameter, decrease the false lumen and aortic transverse diameter in one year follow up. This study, despite the small sample, brings new information and concepts. The hospital mortality was zero, lower than that of 10% presented by IRAD^[2], moreover, equalized the medical treatment results with the medical treatment associated with endovascular treatment, presented the latter positive bias after 1 year for aortic remodeling in the last group. Long-term results will be needed to consolidate the concept that the early closure of the false lumen is really independent factor for better performance and lower mortality and higher aortic remodeling, as affirmed INSTEAD TRIAL^[4] and Akutsu et al.^[6].

João Jackson Duarte, MsC, PhD; Universidade Federal de Mato Grosso do Sul (UFMS), Campo Grande, MS, Brazil

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