

## Surgical approaches in endomyocardial disease (Abstract)

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Constrictive fibrous endocarditis first described by Löffler consists of endocardial fibrosis which is potentially constrictive and limited to the ventricular cavities.

The clinical course is characterized by an evolution towards cardiac insufficiency which may be predominantly right- or left-sided leading rapidly to a fatal outcome. Modern paraclinical investigations such as echocardiography, cardiac catheterization and angiography have defined the haemodynamic characteristics of the disease as being due to diastolic dysfunction, which may be right- or left-sided or bilateral, as well as systolic dysfunction. The aetiology remains obscure and the pathological changes are non-specific.

The inevitable evolution towards death stimulated us to consider the possibility of a new operation which would consist of decortication of the fibrosed endocardium in a similar manner to resection of a constricting pericardium. We performed the first endocardectomy in 1971 and the patient improved. Since then, we have performed 19 other cases of right- or left-sided or combined endocardectomy (Dubost, 1978; Dubost *et al.*, 1976; Dubost and Carpentier, 1980; Prigent *et al.*, 1973). There were, in total, 13 men and 7 women whose ages ranged between 12 and 58 years. Thirteen were Caucasian, the remaining 7 were black Africans, 4 from Cameroun and 3 from the Ivory Coast. Nine presented with right-sided disease, 5 left-sided, and 6 presented with involvement of both ventricles. The surgery was performed according to the techniques we had developed in our first surgical case, namely excision of the atrio-ventricular valve, complete resection of

the endocardium and valvular replacement. There were 3 operative deaths. Complete atrio-ventricular dissociation was observed in 7 of our cases, especially in the right-sided forms. Long term follow up has not shown any case of recurrence of the disease.

During the last few years, 26 other cases have received surgical treatment for mono- or biventricular forms in France (Cachera *et al.*, 1976), Switzerland (Hess *et al.*, 1978), Ivory Coast (Metras *et al.*, 1979) and Brazil (Moraes, Personal communication).

On the basis of our experience and the results previously published in the literature, we believe that endocardectomy appears to be the best current treatment of this disease.

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