international cardiothoracic surgery residents are encouraged to attend the STS Annual Meeting. The following Committee Chairs are available for more details:

- Newsletter
- Transcatheter Valve Therapy (TVT)
- Transplantation (ISHLT)
- Congenital Heart Surgeons' (CHS)
- American Surgical Association (ASA)

The American College of Cardiology (ACC) and the American Heart Association (AHA) have published the 2014 guidelines for the management of patients with valvular heart disease. These guidelines recommend a multimodal approach to the treatment of valvular heart disease, including medical therapy, percutaneous interventions, and surgical repair or replacement. The guidelines stress the importance of risk stratification and individualization of treatment based on the specific valve lesion and patient characteristics.

A 50-year-old male boy was referred to the emergency department with recurrent chest pain. Physical examination revealed a temperature of 38.5°C, heart rate of 100 bpm, and respiratory rate of 24 bpm. Initial ECG showed sinus tachycardia with transient ST segment elevation in the anterior leads. Laboratory tests revealed elevatedcreatine kinase (CK) and troponin I levels. Chest X-ray showed an enlarged cardiac silhouette.

On further investigation, it was found that the patient had a history of congenital heart disease. The patient had undergone repair of a ventricular septal defect (VSD) and placement of a Blalock-Taussig shunt in the past. A catheterization study was performed, which revealed a large left-to-right shunt through the VSD and a systolic pressure gradient across the ductus arteriosus.

The patient was diagnosed with Eisenmenger's syndrome due to the increased pulmonary vascular resistance. He was treated with oxygen supplementation and referred for a pulmonary artery banding procedure to close the right-to-left shunt through the ductus arteriosus.

By: Xiaoying Lou

This paper is an important contribution to a growing body of literature confirming the safety of transcatheter aortic valve replacement (TAVR) in high-risk surgical candidates. The authors found that TAVR was associated with lower rates of major adverse cardiac events compared to surgical aortic valve replacement (SAVR) in high-risk patients. The results of this study support the expanding role of TAVR in the management of aortic stenosis.

The authors used cumulative sum to analyze quality and learning curves for cardiac surgery residents. They found that there was a slight increase in adverse events at the beginning of training, peaking at 71% of the patients while 23% of the patients required mechanical ventilation.

The authors concluded that these findings provide valuable information for program directors in the assessment and improvement of resident training. The results of this study can help to identify areas for improvement in resident training programs and ensure that residents are adequately prepared for their future careers in cardiothoracic surgery.

A: Incisional biopsy
B: Incisional biopsy

TO THE BEST OF MY KNOWLEDGE, I BELIEVE THAT THE PATIENT MAY HAVE A SEVERE PULMONARY VASCULAR OBSTRUCTION.