

## A reality

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In 1977, Kenneth Moser published an article in the *American Review of Respiratory Disease*<sup>1</sup>. His article presented an overview of the state-of-the-art regarding cases of pulmonary embolism. Since then, as an entity of consistency, natural history and doctrine, it seems to have been relegated to the status of a curiosity for pulmonologists. Various prospective epidemiological studies have succeeded the classic Dalen and Alpert estimate<sup>2</sup>, confirming the impact and importance of giving serious attention to the problematic issue of venous thromboembolism (VTE) in everyday practice. Subsequent advances in diagnostic techniques and the introduction of low-molecular-weight heparins have demonstrated the relevance of the topic. Proposals for efficacious means of prophylaxis, as well as questions regarding the best course of action in diagnosing and treating VTE, have resulted in extremely strict guidelines that have democratized the approach to this potentially complex condition.

Without regard for his standing within the ranks of the academic and scientific communities, through which his advance had been rapid and noteworthy, Moser published another critique of the state-of-the-art in 1990<sup>3</sup>. In this second review, the author called attention to the fact that rates of VTE incidence and mortality in the United States remained “substantial and unacceptable”, and he appealed for more research and more action.

In 1996, at the XXVIII *Congresso Brasileiro de Pneumologia e Tisiologia* (Brazilian Congress on Pulmonology and Phthysiology) in the city of Belo Horizonte, the *Comissão Científica de Circulação Pulmonar da Sociedade Brasileira de Pneumologia e Tisiologia* (SBPT, Brazilian Society of Pulmonology and Phthysiology, Scientific Commission on Pulmonary Circulation) was created. The objective of this commission was to encourage – at scientific events, as well as in continuing education programs sponsored by the SBPT – the study of, and new approaches to, diseases that affect pulmonary circulation. The

commission has achieved this objective. Interest in the various aspects of the pathology of pulmonary circulation has increased considerably among pulmonologists. In addition, a condition that, until recently, was almost exclusively the province of cardiologists – pulmonary arterial hypertension – has now fallen under the purview of pulmonologists.

This issue of the *Brazilian Journal of Pulmonology* is a perfect example of the topic at hand, containing four articles that deal with various aspects of abnormalities in pulmonary circulation.

Yoo et al.<sup>4</sup> present an analysis of clinical and pathological data regarding pulmonary thromboembolism (PTE), collected in autopsies over a 24-year time span. For many decades, postmortem studies were considered the gold standard in diagnosing PTE, being the only means of obtaining a definitive diagnosis. Currently, although prospective studies involving objective diagnostic techniques have provided data of considerable exactitude, knowledge gained from clinical and pathological correlations continues to be important to the understanding of the many facets of the disease. Autopsies, when routinely performed, serve as a means of quality control for patient care, as well as enriching the pulmonology milieu. We continue to learn from postmortem data.

Silva et al.<sup>5</sup> present a concise review of diagnosis of acute PTE through imaging, with an emphasis on the role of helical computed tomographic angiography. Since the publication of the first article by Remy-Jardim et al.<sup>6</sup>, this technique ascended rapidly and sharply to be, initially, a means of diagnostic confirmation and, later, a means of ruling out acute PTE. In health care centers that possess a helical computed tomography device with multiple detectors and a team of conscientious radiologists, the thorny problem of PTE diagnosis seems to be a closed case. Let it be so.

Terra-Filho et al.<sup>7</sup> present a case report that reflects the extensive experience that their group has in the surgical management of chronic PTE, or rather

chronic PTE hypertension. Their casuistic analysis and the results obtained therefrom are world class.

Maciel et al.<sup>8</sup> present an equally concise review of VTE prophylaxis in patients submitted to videolaparoscopic procedures, presenting a patient under follow-up treatment as a case in point. Advances that have made surgical procedures less invasive, more flexible and better able to control bleeding have not eliminated the risk of VTE. Therefore, the corresponding thromboprophylaxis merits evaluation.

Pulmonary circulation is now a reality in our midst.

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## REFERENCES

1. Moser KM. Pulmonary embolism. *Am Rev Respir Dis* 1977; 115:829-51.
2. Dalen JE, Alpert JS. Natural history of pulmonary embolism. *Prog Cardiovasc Dis*. 1975; 17:259-70
3. Moser MK. Venous thromboembolism. *Am Rev Respir Dis* 1990; 141:235-49.
4. Yoo HHB, Mendes FG, Alem CER. Achados clinicopatológicos na tromboembolia pulmonar: estudos de 24 anos de autopsias. *J Bras Pneumol* 2002; 30:426-32.
5. Silva IS, Müller NL. Diagnóstico por imagens do tromboembolismo pulmonar agudo. *J Bras Pneumol* 2004; 30: 474-9.
6. Remy-Jardim M, Remy J, Wattime L et al. Central pulmonary thromboembolism: diagnosis with spiral volumetric CT with single-breath technique – comparison with pulmonary angiography. *Radiology* 1992, 185:381-7.
7. Terra-Filho M, Ribeiro SCC, Souza R, Jatene FB. Tromboendarterectomia pulmonar em paciente com 80 anos de idade. *J Bras Pneumol* 2004; 30:485-7.
8. Maciel R, Menna Barreto SS. Tromboprolaxia na colecistectomia videolaparoscópica. *J Bras Pneumol* 2004; 30:480-4.