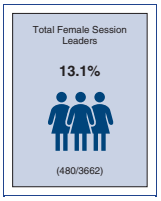
The Journal of Thoracic and Cardiovascular Surgery

Vol. 161, No. 3, March 2021

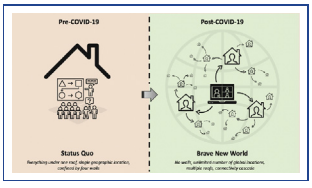
Table of Contents

Table of Contents

Education



Education: Expert Opinion



The Journal of Thoracic and Cardiovascular Surgery (ISSN 0022-5223) is published monthly by Elsevier Inc., 230 Park Avenue, Suite 800, New York, NY 10169-0901, USA. Business Office: 1600 John F. Kennedy Blvd, Suite 1800, Philadelphia, PA 19103-2899, USA. Editorial Office: 230 Park Avenue, Suite 800, New York, NY 10169-0901, USA. Customer Service Office: 6277 Sea Harbor Drive, Orlando, FL 32887-4800, USA. Periodicals postage paid at New York, NY, and additional mailing offices. POSTMASTER: Send address changes to Elsevier, Journal Returns, 1799 Highway 50 East, Linn, MO 65051, USA.

Education: Letter to the Editor

Thoracic Articles in AATS Journals

Thoracic: Lung Cancer

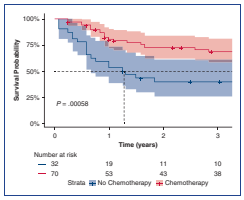


Table of Contents

Thoracic: Esophageal Cancer

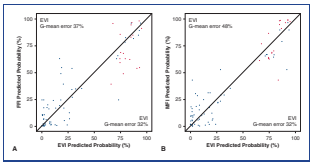
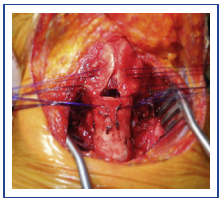
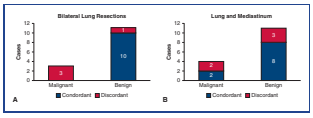


Table of Contents

Thoracic: Trachea



Thoracic: Mediastinum



Adult Articles in AATS Journals

Adult: Aorta

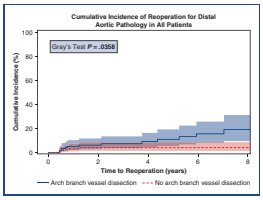
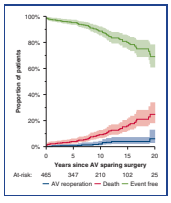
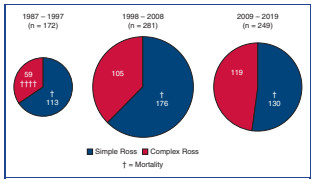
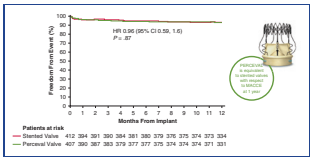


Table of Contents

Adult: Aortic Valve







Adult: Mitral Valve

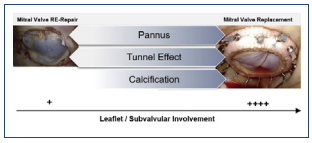
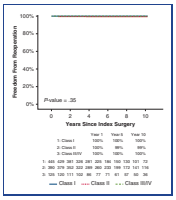
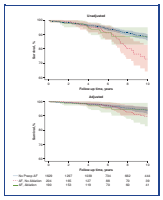


Table of Contents

Adult: Arrhythmias



Adult: Hypertrophic Cardiomyopathy



Adult: Coronary

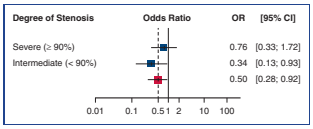
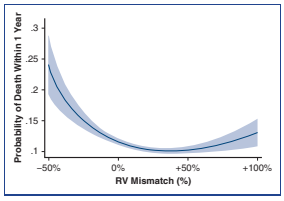


Table of Contents

Adult: Transplant



Adult: Education

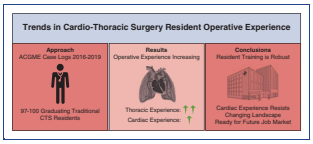
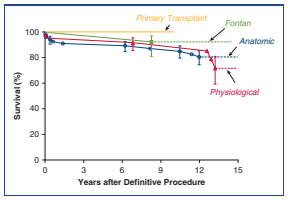


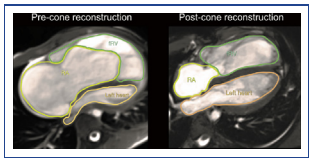
Table of Contents

Congenital Articles in AATS Journals

Congenital: Transposition of the Great Arteries



Congenital: Ebstein's Anomaly



Congenital: Trachea

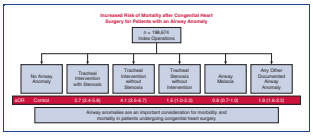
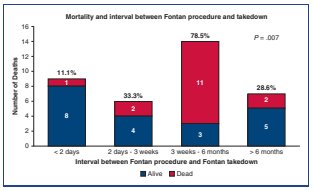
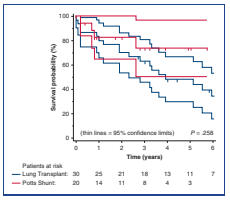


Table of Contents

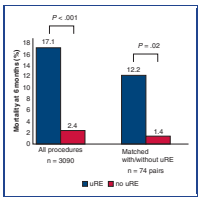
Congenital: Fontan



Congenital: Lung Transplant

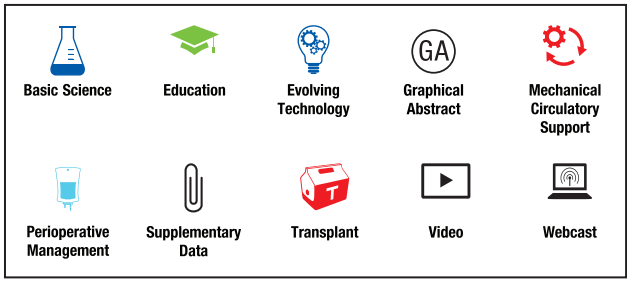


Congenital: Perioperative Management



Announcements

Table of Contents



Cover Photographs

Left: (Thoracic) From Surgery for Laryngotracheal Stenosis: Improved Results. Partial laryngofissure: This technique includes a longitudinal partial incision of the thyroid cartilage on the midline for an extent of 1 to 1.5 cm, the lateral retraction of its margins to increase the airway space and, finally, the direct anastomosis of the lower trachea to the retracted ends of the incised thyroid cartilage. A, Intraoperative picture showing the thyroid cartilage incised on the midline; the stiches are passed but still untied. B, The completed anastomosis between the lower trachea and the incised and enlarged thyroid cartilage.

Center: (Adult) From First in Human Experience With an Epicardial Beating Heart Device for Secondary Mitral Regurgitation. This first in man series of coronary artery bypass patients treated with concomitant epicardial mitral repair successfully reduced mitral regurgitation (*MR*) volume and left ventricular end-systolic volume on a beating heart. The influence was observed at 30 days and sustained for 1 year. *LV*, Left ventricle.

Right: (Congenital) From Cone Reconstruction for Ebstein Anomaly: Late Biventricular Function and Possible Remodeling. Example of changes in planimetered areas. This image illustrates the method of measuring the chamber area for right atrium (*RA*), functional right ventricle (*fRV*) and left heart (left atrium and ventricle combined) from the cardiac magnetic resonance imaging 4-chamber cine view, in diastole. These 2 images are from the same patient, before cone reconstruction and then 2 years postoperatively. Late biventricular remodeling after cone reconstruction is evident with obvious decrease in RA area and increase in fRV and left heart area.