October 18, 1953

Dr. Rudolph Matas
2255 St. Charles Street
New Orleans, Louisiana

Dear Dr. Matas:

As you may have heard I was forced at the last minute to cancel my trip to Lisbon owing to urgent developments here. It was a great disappointment, especially since Prof. Leriche was President at the time and I was naturally desirous of personally extending my sentiments to him. I sent him my paper to be included in the proceedings and had a nice letter from him about our work on aortic aneurysms.

You may be interested to know of our latest experiences in this regard. We have now performed the procedure of resection with restoration of continuity by aortic homograft in 23 cases of aneurysms of the abdominal aorta. One of the most impressive cases in this series concerned a 67 year old white man who had a ruptured aneurysm which had occurred approximately 36 hours prior to admission. He was in shock at the time of operation which I performed as an emergency. Immediately after entering the peritoneal cavity and almost blindly I mobilized the aorta by encircling my fingers around it immediately above the aneurysm and just below the renal arteries and then applied a clamp to it at this point. Blood was then rapidly administered and his blood pressure restored following which the aneurysm wasrapidly excised and an aortic homograft including the bifurcation was used to replace the excised segment. His postoperative course was most satisfactory. I believe this is the only case of ruptured aneurysm of the aorta that has been successfully resected.

In addition we have had 4 cases of aneurysms of the thoracic aorta treated by resection and aortic homograft replacement.

Finally we have used this procedure of resection with aortic homograft replacement in 6 cases of Leriche Syndrome, all with excellent results, including restoration of pedal pulses.

This makes a total of 33 cases of resection and replacement by aortic homografts for aneurysms or occlusive disease of the aorta. It has been a most gratifying experience and the results have convinced us that it is the treatment of choice under these circumstances. The most gratifying aspect of this work is the fact that it provides an extension of your pioneering developments in this field and a further means of achieving your objective of conservative vascular surgery to maintain or restore circulation through the main channel. In this sense I regard it as a tribute to your teachings.

My very best wishes.

Sincerely yours,

Michael E. De Bakey, M.D.

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