

Inside the Surgical Suite: Meeting the Challenges of CTEPH



It is so rare to find a curable cause of pulmonary arterial hypertension (PAH). In preparing the topics to be covered for this issue we decided that surgically curable PAH is one of the most challenging situations we face, particularly in terms of appropriate selection of patients and in our preoperative preparation.

One of the major challenges confronting us is bringing the right patient into the operating room suite and addressing all of the issues impinging on our decision to perform surgery as we determine whether the chronic thromboembolic pulmonary hypertension (CTEPH) is surgically accessible and to what extent we can make a correlation between angiographic and hemodynamic findings. This is one of the critical issues we addressed in our Roundtable Discussion as we touched on a broad range of topics related to thromboendarterectomy to bring you the latest thinking from preeminent experts in the United States and abroad.

As we consulted these experts, we turned to the University of California, San Diego, because this center is so widely recognized as the world's leading referral center for pulmonary thromboendarterectomy surgery. Beginning with the pioneering work of Ken Moser, MD, UCSD has contributed enormously to developing guidelines for the evaluation of patients to determine their surgical candidacy and for performance of the procedure itself. Continuing the theme of this issue, two articles written by UCSD investigators provide an in-depth analysis of preoperative and operative considerations. The first begins with the subtle and nonspecific symptoms that may provide the first clues of CTEPH and offers important insights on confirmatory catheterization studies. The second article is an insider's view of thromboendarterectomy, information that anyone would want to retain as an essential reference for one's files.

The wealth of information presented here highlights how far we have come in the evolution of our thinking about thromboembolic disease in the setting of PAH. We have made dramatic strides, moving away from the earlier and simplistic view of its being merely a mechanical obstruction of the major pulmonary arteries. The experience at major centers has redefined our approach and given us important new tools with which to achieve that rare cure in many patients with this disease.

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Profiles in Pulmonary Hypertension

The Legacy of Ken Moser Lives on at UCSD

Peter Fedullo, MD, and William Auger, MD



Kenneth M. Moser, MD

Behind every great medical program is an invisible presence, a pioneering spirit who established its course and mapped a road to excellence now well traveled by colleagues and new trainees. The physicians in the Division of Pulmonary and Critical Care Medicine at the University of California, San Diego, School of Medicine are following in the footsteps of Kenneth M. Moser, MD, the "gentle giant" who still serves as that invisible yet powerful presence guiding the division as a model of care for the larger pulmonary hypertension community. The contributions to this issue by members of the UCSD team serve as reminders of Dr Moser's continuing influence among those who trained under him and benefited from his mentorship.

Although Dr. Moser died in 1997 after more than 30 years at the pulmonary division, his work as one of the original faculty

members and his role as the founder and leader of the division continue to inspire the staff today. Widely recognized for his work in pulmonary vascular diseases, he was a world-renowned authority on acute and chronic thromboembolic disease. He was instrumental in establishing UCSD as the world's leading referral center for pulmonary thromboendarterectomy surgery and one of the country's models for the management of chronic thromboembolic pulmonary hypertension.

After earning his medical degree from the Johns Hopkins School of Medicine in 1954, Dr Moser completed his residency at Georgetown University and was later recruited by Eugene Braunwald, MD, to direct the pulmonary division at UCSD. Widely consulted for his medical opinion, he was a consummate teacher and an exponent for new and future developments in pulmonary disease care. Presenting a case to him—in private or at his famed "Professor Rounds"—was a memorable experience because of the way he challenged trainees and older physicians alike.

Those who knew him best remember him primarily as a staunch defender of academic medicine and the special role that medical schools like UCSD play in nurturing and developing tomorrow's leaders. In his biography in *Who's Who in America* he summed up his views this way: "Participating in academic medicine and research is like being a member of a relay team engaged in a race of infinite length. Two forces keep one running through the often difficult terrain: the goal of improving health, and the privilege of passing the baton to many others who will seek the same goal." As the legacy of Dr Moser continues to thrive and the achievements of UCSD as a premier center for pulmonary care are more widely appreciated, it is clear that he succeeded in passing the baton to his colleagues.