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PAPERS READ BEFORE THE 26TH SCIENTIFIC MEETING OF THE INTERNATIONAL CARDIOVASCULAR SOCIETY, LOS ANGELES, JUNE 23 and 24, 1978

- Arterial Grafts: Past, Present, and Future** 1225
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- Combined Left Ventricular Aneurysm and Coronary Artery Bypass Surgery: Long-term Results of 100 Consecutive Patients** 1236
John E. Hutchinson III, MD; George G. Green, MD; Haroutune A. Mekhjian, MD; Jorge L. Camuñas, MD; Salem M. Habal, MD; Eduardo M. Parodi, MD; Miles J. Schwartz, MD, New York
Concomitant coronary artery grafting and aneurysm resection appears to improve results.
- Late Results of Atrial Septal Defect Repair in Adults** 1245
Donald J. Magilligan, Jr, MD; Conrad R. Lam, MD; Joseph W. Lewis, Jr, MD, Detroit; Julio C. Davila, MD, Wausau, Wis
Atrial fibrillation and higher pulmonary artery pressure and PVR adversely affected late results.
- Congenital Aortic Stenosis: Ten to 22 Years After Valvulotomy** 1248
James R. Stewart, MD; Bruce C. Paton, MRCP, FRCS(E); S. Gilbert Blount, Jr, MD; Henry Swan, MD, Denver
Operation improves longevity but does not restore it to normal.
- Hemodynamic and Angiographic Guidelines in Selection of Patients for Femorofemoral Bypass** 1257
D. Preston Flanigan, MD; Dennis G. Pratt; James J. Goodreau, MD; Steven J. Burnham, MD; James S. T. Yao, MD, PhD; John J. Bergan, MD, Chicago
Failures occurred with stenosis of donor iliac artery or with severe recipient outflow disease.
- Comparison of Caval Filters in the Management of Venous Thromboembolism** 1264
Max Wingerd, MD; Victor M. Bernhard, MD; Frank Maddison, MD; Jonathan B. Towne, MD, Milwaukee
The Kim-Ray Greenfield filter had a number of advantages.
- Ex Vivo Renal Artery Reconstruction** 1272
Ronald J. Stoney, MD; Michael Silane, MD; Oscar Salvatierra, Jr, MD, San Francisco
Extensive distal disease may require *ex vivo* repair to avoid nephrectomy.
- Ultrastructure of Medial Smooth Muscle and Myofibroblasts in Human Arterial Dysplasia** 1280
Vikrom S. Sottiurai, MD, PhD; William J. Fry, MD; James C. Stanley, MD, Ann Arbor, Mich
Modification of cells to more primitive myofibroblasts appears to be a unique feature of arterial dysplasia.

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