**SUMMARIES OF RECENTLY PUBLISHED MMCTS ARTICLES**

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**Subxiphoid video-pericardioscopy**  
Juan Carlos Trujillo-Reyes, Ramón Rami-Porta, Sergi Call Caja and Josep Belda-Sanchis  

http://mmcts.oxfordjournals.org/content/2015/mmv009.full

Subxiphoid video-pericardioscopy is useful for the study of the pericardial cavity. Through a subxiphoid approach, the pericardium is incised and a rigid (usually a video-mediastinoscope) or a flexible endoscope (flexible bronchoscope or flexible cholecroscope) is inserted into the pericardial cavity. Other than transient arrhythmias during the procedure, video-pericardioscopy has no major complications. When compared with surgical pericardial drainage, video-pericardioscopy has higher sensitivity without specific risks.

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**Total endoscopic ablation of atrial fibrillation**  
Espen Fensrud, Anders Wickbom and Anders Ahlsson  

http://mmcts.oxfordjournals.org/content/2015/mmv010.full

This article describes a technique of endoscopic ablation of the left atrium using temperature-controlled unipolar or bipolar radiofrequency. A left atrial box lesion encircling the pulmonary veins is created using three ports in the right hemithorax.

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Video 6: Instillation of talc powder performed at the end of the procedure to achieve pericardiodesis.

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Video 4: The magnetic introducer is advanced in the transverse sinus.

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Minimally invasive thoracoscopic technique for cardiac resynchronization therapy
Andrea Droghetti, Maria Caterina Bottoli, Mark Ragusa, Patrizia Pepi, Michele Giovanardi, Albino Reggiani, Daniela Pozzetti, Maurizio Malacrida, Alessandra Colombo and Giovanni Muriana

http://mmcts.oxfordjournals.org/content/2015/mmv008.full

An extended experience with epicardial LV lead placement is here reported, describing the minimally invasive procedure performed at the authors' institution using a thoracoscopic surgical approach.

Video 5: Thresholds.

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Open surgical management of oesophageal diverticulum
Lucile Gust, Henri De Lesquen, Moussa Ouattara, Pascal Alexandre Thomas and Xavier Benoit D’Journo

http://mmcts.oxfordjournals.org/content/2015/mmv011.full

The current surgical treatment consists in: (i) removing the diverticulum; (ii) relieving the functional distal obstruction with an oesophageal myotomy including the lower oesophageal sphincter; and (iii) preventing an associated reflux by the addition of a non-obstructive partial fundoplication.

Video 5: The diverticulum transected with a TA-45 stapling device, which is kept carefully parallel to the oesophagus.

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