

chronic PTE hypertension. Their casuistic analysis and the results obtained therefrom are world class.

Maciel et al.⁸ present an equally concise review of VTE prophylaxis in patients submitted to videolaparoscopic procedures, presenting a patient under follow-up treatment as a case in point. Advances that have made surgical procedures less invasive, more flexible and better able to control bleeding have not eliminated the risk of VTE. Therefore, the corresponding thromboprophylaxis merits evaluation.

Pulmonary circulation is now a reality in our midst.

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