Un paradigma y su ruptura

Dr. Andrés R. Pérez Riera

El abandono de un paradigma científico siempre representa una ruptura, ya sea un concepto, o modelo de pensamiento. Pero más que eso, también es una oportunidad para un nuevo comienzo. Es posible ir a donde pocos han ido. Lograr lo que ninguna o pocas persona ha podido hacer. O, simplemente, ir en contra de la tendencia y actuar de manera diferente.

Romper paradigmas es una manera de desafiarnos a nosotros mismos. Significa probar que sí, es posible llegar allí, incluso contra todas las expectativas.

¿Alguna vez han desafiado alguna norma actual? ¿Qué es una ruptura de paradigma?

La ruptura de un paradigma tiene más o menos que ver con esto: no hacer lo obvio, lo que todos esperan que se haga, es innovar. En otras palabras, podemos decir que la expresión significa escapar del patrón y buscar soluciones creativas a viejas conclusiones que pensamos sean equivocadas. Por ejemplo, durante mucho tiempo la humanidad creyó que la Tierra era plana. Tomó mucho tiempo deconstruir y estudiar antes de llegar a la conclusión de que, de hecho, es redonda. (a pesar que en Brasil políticos siguen pensando que la tierra es plana!!)

Frases que ejemplifican paradigmas Algunos paradigmas pueden incluso tener prejuicios y reforzar algún tipo de estereotipos. Vean los siguientes ejemplos: "Todo político es corrupto", la "rubia es tonta" (burra), el "lugar de las mujeres está en la cocina". " eso es cosa de negro! (el absurdo del estúpido racismo)

Algunas habilidades y competencias pueden ayudar a una persona a tener un perfil más propenso a romper paradigmas. ¿Cuáles?

El desapego, el coraje, la capacidad de innovación, la creatividad, la iniciativa, la autonomía, la perseverancia, el optimismo y la autoconfianza son ejemplos de estas características fundamentales. Veamos ejemplos recientes. Nuestro admirado maestro Antoni Bayes de Luna ha quebrado

por lo menos dos paradigmas con suceso diferente. El primer paradigma dice respecto a que el corazón no tiene una pared dorsal o posterior. Este paradigma fue quebrado, pero infelizmente se continúa a publicar la pared posterior y el infarto dorsal. Incomprensible después de casi una media docena de artículos en revistas respetadas y en consenso que Bayes y otros publicaron. Otro paradigma fue lo que hoy se conoce como síndrome de Bayes es decir el conjunto de manifestaciones secundarias al bloqueo avanzado en el área del fascículo de Bachmann que comunica los dos atrios En este particular debemos decir que gracias a nuestro Adrian Baranchuk que con su inigualable energía y gratitud creó el epónimo síndrome de Bayes y con todo el grupo publicaron numerosos manuscritos y hoy es una realidad yo diría de gran interés actual por ser una de las causas de la fibrilación auricular.

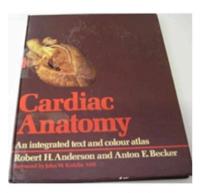
La misma cosa Adrian gustó de la idea del concepto de **fenocopia Brugada** referente condiciones otras del verdadero síndrome y comenzó a publicar sucesivas manuscritos hasta que el término se ha impuesto gracias a su obstinación, inteligencia y lucidez.

Finalmente, el problema de la denominación **hemibloqueos** arraigada por muchos por el enorme prestigio de la escuela de Rosenbaum y sus discípulos que continúan empleando el inapropiado término hemibloqueos. Bayes me dice "debes demostrarlo experimentalmente". Lo que hicimos fue demostrarlo en la clínica usando nuestras armas: el ECG y el VCG y observando las demostraciones anatómicas y electrofisiológica de la literatura. Todo eso gracias al apoyo de nuestro **Raimundo** el colega que más datos tiene de ECGs en la sala de emergencia y una persona de rara inteligencia e integridad ética. Me ha hecho muy bien su amistad.. Sin él no podríamos haber escrito tanto. Yo siempre pienso: nos juntamos "el hambre con las ganas de comer" y de yapa nos asociamos a Nikus el finlandés que nos dio un baño de pulimiento intelectual y de esa forma funcionamos mejor.

Hoy acabo de leer un viejo atlas de anatomía escrito por dos iconos de la anatomía cardiaca donde se muestra en forma demoledora la naturaleza trifascicular de la rama izquierda.

Un alumno me comentó que creía que este bloqueo medio (LSFB) por ser muy raro la gente queda en duda. De inmediato le respondí: tengo certeza absoluta que el bloqueo fascicular postero-inferior izquierdo (LPFB) aislado (sin BRD) es muchísimo más raro. Tanto que en mi larga carrera tengo apenas 4 ejemplos de LPSF y contrariamente 34 casos de LSFB.

The Trifascicular nature of the left bundle of the His bundle in the human heart



English, Book, Illustrated edition 1980: Cardiac anatomy: an integrated text and colour atlas / Robert H. Anderson and Anton E. Becker; with a contribution from Sally P. Allwork; photography by Wilfried P. Meun, Ruud E. Verhoeven; foreword by John W. Kirklin. Anderson, Robert H. (Robert

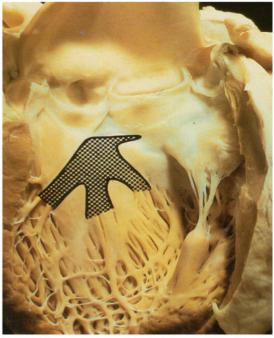
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London: Gower Medical Pub.; Edinburgh; New York: Churchill Livingston, c1980. See about the authors in next slides



Robert H. Anderson, MD, PhD, FRCPath.

He is now gratified to be the Honored Member of the American Association of Clinical Anatomists for 2019.

The American Association of Clinical Anatomists is the international home for the advancement of clinical anatomy knowledge and anatomical services through education, research and scholarship.



Robert H. Anderson, known to his friends and colleagues as Bob, was born in the English county of Shropshire, where he received his initial education. Having been accepted to study medicine at the University of Manchester, his initial encounter with anatomy, subsequent to the study as part of the medical curriculum, came when he was offered the opportunity to undertake an intercalated degree. He was fortunate to be allocated the topic of the intrinsic innervation of the heart for his initial research. Having completed his degree in anatomy, he returned to the study of clinical medicine, and qualified in 1966. He then returned to the Department of Anatomy, having completed his clinical residency appointments, ostensibly with the intention of becoming an ophthalmologist. Serendipity then intervened, and he was offered the chance to continue his researches on cardiac innervation, concentrating on the conduction tissues. This led to the award of a Doctorate in Medicine, but more importantly to the chance to collaborate with surgical colleagues in Liverpool, and with electrophysiologists and pathologists in Amsterdam. Having spent a year in Amsterdam, he was then fortunate to be offered the chance to work as clinical anatomist at the Royal Brompton Hospital in London. This appointment was supported by the Joseph Levy Foundation, in collaboration with the British Heart Foundation.

The support from both Foundations then continued throughout the remainder of his active career. This was undertaken from 1974 until 1999 at the Royal Brompton, and subsequently, until 2007, at Great Ormond Street Children's Hospital. Throughout these periods, all his studies had been directed towards clinicians, with the aim of stimulating surgical techniques, improving the management of children born with congenital heart defects, and contributing to the understanding of the various fields of diagnosis. On his retirement in 2007, he was made Emeritus Professor at University College, London. Despite the alleged "retirement", he has been fortunate to remain deeply involved in collaborative research ventures. Using episcopic microscopy and molecular biological techniques, he has been able to follow the fate of tissues, and thus to trace the development of the normal, and the maldevelopment of the abnormal, heart. To this end, he has received Professorial Fellowships at the Institute of Genetic Medicine, Newcastle University; and at St George's Medical University in London. He has also been appointed Emeritus Visiting Professor at Manchester University, where he has been able to return to the studies of the conduction tissues in animal hearts. Throughout his active career, he was also deeply involved in educational activities. These have continued subsequent to his alleged retirement, particularly in the United States of America, where he has worked with colleagues at Lurie Children's Hospital in Chicago to produce video teaching programmes. He also participated in teaching sessions organised by his colleague, Andrew Redington, for the Canadian fellows in pediatric cardiology. Andrew, who was initially at the Hospital for Sick Children in Toronto, has now moved to Cincinnati in the United States of America. He is spearheading another programme for fellows in pediatric cardiology. This now results in regular teaching commitments for Bob in Cincinnati, along with similar commitments in Milwaukee, Houston, and Denver. Bob also organises regular Masterclasses in cardiac anatomy in Pittsburgh. Even more recently, he has accepted additional honorary positions in the United Kingdom, specifically at the Wessex Cardiac Center in Southampton, and Birmingham Children's Hospital. He was particularly thrilled, in 2017, to be elected an honorary fellow of the European Congenital Heart Surgeon's Association, and in 2018 to be granted an Honorary Doctorate of Philosophy by the Nova University of Lisbon, Portugal.

5 editions published in 1997 in English and held by 57 WorldCat member libraries worldwide

"This series of four video tapes, which is based on the demonstrations pre-recorded by Robert H Anderson and Anton E Becker, two prominent European morphologists, shows the essence of the abnormal morphology within carefully selected autopsy specimens, comparing the findings with appropriately dissected normal hearts, and supplementing the anatomic material with diagrams and cartoons. Accompanying these tapes is an explanatory book prepared with extensive full colour illustrations based on the specimens and diagrams used in the videos and supplemented by appropriate material from the extensive files of the authors. The introductory chapter of the book discusses the background to sequential segmental analysis and the importance of the morphological myocardial method of recognizing chambers and arterial trunks in congenitally malformed hearts. The book is also available without the videos. Videos and book together address such crucial questions as:* How many segments need to be considered within the heart?* Is the myocardial morphologic method the best way of recognizing chambers?* Is the atrioventricular junction a common structure in the ostium primum defect?* Is there such a thing as isomerism of the atrial appendages?* What is the univentricular atrioventricular connection - and are there really any univentricular hearts?* Is the infundibulum in tetralogy of Fallot too narrow, too shallow, and too short?To answer these, and many more questions, Anderson and Becker alternately act as devil's advocate in the four videos, each lasting approximately 40 minutes. The individual videos are devoted to:Video and Chapter Titles:* Atrioventricular septal defects* Hearts with isomeric atrial appendages* Tetralogy of Fallot and double outlet right ventricle* Hearts with univentricular atrioventricular connection"