

NEWS



THE CAREER OF IVO PADOVAN, PRESIDENT OF THE CROATIAN ACADEMY OF ARTS AND SCIENCES, ON THE OCCASION OF HIS 80TH BIRTHDAY

Ivo Padovan was born on February 11, 1922, in the town of Blato on the island of Korčula. His given name is Ivan, but he was called Ive in Blato. This name was later turned into Dživo in Dubrovnik and remained so in Zagreb. His father Franko (Franjo) was a farmer and his mother Vica (Vicenca), whose maiden name was Bošković, a housewife. His mother traced her descent from the Bošković family in Orahov Dol on the border of the Republic of Dubrovnik and Herzegovina, which is also the origin of the family of Ruđer Bošković. Ivo was the second of four children.

Little Ivo lived in Blato until he was nine and then moved to Dubrovnik. There he was accommodated at the bishop's seminary where he attended the first four classes of the state classical gymnasium, and the following three classes at the Franciscan classical gymnasium. In 1926, when Ivo was only 4 years old, his father Franko departed for Australia due to economic reasons. Franko's job was

to cut sugar cane, which paid for little Ivo's education. He returned to Croatia in 1948, when Ivo was 26 years old and already had a medical degree. So it was Ivo's mother Vica who played the decisive role in his upbringing.

In 1940, Ivo arrived in Zagreb and attended 8th grade of the First Classical Gymnasium in Križanićeva Street. He graduated in 1941 and enrolled in the School of Medicine the same year.

He stayed at the Home-Guard College students' center in Ilica Street, and later at Ratkay Passage. At that time, medical studies lasted for 12 semesters, 3 semesters *per* year, which was very demanding, with almost no breaks or holidays.

In September 1944, Ivo Padovan joined the partisans and became an officer in charge of the medical corps of the partisan squad of Zagorje. In February 1945, he was assigned to a partisan hospital in Podgarić near Čazma. There he worked as a physician although he was still a student of the seventh semester. After a while, he was appointed epidemiologist of the 10th military corps region in Čazma and Daruvar. After the end of the war he continued his medical studies and graduated on July 5, 1947.

The day after the graduation ceremony he was referred as a physician to Jajce to take part in post-war reconstructive works for the purpose of construction of the railroad from Šamac to Sarajevo. In September 1947, he began his residency in Otolaryngology (ENT) at Sestre milosrdnice Hospital, at Professor Ante Šercer's Department. He was accepted at the hospital by the Sisters of Charity, who then formally still owned the hospital, and hospital director was the chief physician August Forenbacher. He took up residency in ENT inspired by his childhood disposition to stone-cutting, since as a child he used to carve stone with a hammer and broad tool, which was a tradition on the island of Korčula. Later in his studies, he saw Professor Šercer cut a temporal bone in an ailing ear, which reminded him of his childhood.

Aside from the residency at ENT Department, he learned from the surgeons Antun Gottlieb and Stanko

Cesarec, neuropsychiatrist Josip Breitenfeld, and radiologist Silvio Kadrnka. In 1950, he became an ENT specialist.

Ante Šercer, head of the ENT Department, had the most important role in the development of young Ivo Padovan as an expert, teacher and scientist. One could say that Šercer treated Padovan as his own son, and Padovan regarded Šercer as his spiritual father. Šercer selflessly passed his experience in surgical technique down to Padovan, which is not the usual practice. Padovan reciprocated by absolute devotion. After Šercer died, in spite of all the difficulty, Padovan fought to have a street named after Šercer, which was disputed because allegedly Šercer was politically unsuitable. Ivo Padovan never missed a chance to emphasize the decisive and enormous role of Ante Šercer as his teacher.



From 1952 till 1958, Padovan worked at the hospital as well as in his private practice, first at his apartment, and later when he took over Šercer's Department, in Novak Street, where he even performed surgeries.

Padovan came to the School of Medicine in 1956 as private assistant professor. In 1961, he was elected assistant professor and in 1967 full professor. He was in charge of building the great lecture room in Vinogradska Hospital, which is a teaching hospital of the Zagreb University School of Medicine and School of Dental Medicine, based on the decision of Andrija Štampar, who held the dean's position at the time. Štampar was personally present to open the building in 1956. Padovan was always proud of his University career and it was the University work that made him many enemies in the hospital, who were envious. Although he participated in the national liberation

struggle as a partisan and was member of the Communist Party, one could not say that political structures inside and outside of the hospital were inclined towards him.

After his return from the United States in 1964, with a group of physicians from and outside the hospital, and with the assistance of Pero Pirker, the mayor of Zagreb, he founded the League Against Cancer. A while later, in 1968, Ivo Padovan with his colleagues from Vinogradska Hospital founded the Central Institute for Tumors and Allied Diseases, which is the crowning feature of his work in oncology. In this way Padovan, who led and directed the work of these institutions for years, and who was the ideologist in the struggle against cancer in Croatia, encouraged the development of similar institutions outside of Zagreb.

Padovan made a great contribution to the development of health care and medicine in Croatia and Zagreb, and in the constant competition between Rebro and Vinogradska Hospital, which is still present, he always had an important role.

When Professor Šercer retired in 1966, Ivo Padovan was appointed head of the Ear, Nose and Throat Department, a position he held for full 22 years until 1988. He developed the Department in an organizational, professional, scientific and educational way on a global scale. With his persistence and talent, he improved his surgical skills to perfection and personally performed tens of thousands of surgical interventions. He had a large number of patients ranging from workers and farmers to the most eminent world statesmen, rulers, artists, scientists; among others, even the famous opera tenor Mario Del Monaco asked for his assistance.

In 1959, Padovan founded the Institute for Thalassotherapy and Medical Treatment of Respiratory Organs in Crikvenica. In 1961, he also founded the Institute for the Study and Protection of Ear and Auditory Organs.



He was member of most prestigious professional and scientific organizations in the United States, Great Britain, France and Switzerland, and for 8 years he was member of the Council of International Union Against Cancer (UICC). During his professional and study tours he stayed in France, Italy, Germany, Austria, Great Britain, United States, Canada, (former) Soviet Union, Australia, Spain and Japan, where he established professional cooperation and friendship with the most prominent experts in the world. As a result, new diagnostic and therapeutic procedures were implemented at his Department and in the Hospital.

He was a very skilful organizer of a number of scientific and professional congresses and symposia. He wrote or was editor-in-chief of some ten books and more than 300 publications. He wrote effortlessly, just as he performed surgeries. He was particularly enthusiastic about a number of new scientific interdisciplinary researches and projects of international importance, which he initiated.

He was founder and editor-in-chief of *Simposia Otorinolaryngologica* and *Libri Oncologici*. He was also editor-in-chief of Medical Encyclopedia, where he succeeded Šercer, and Medical Lexicon at the Institute of Lexicography, where he was appointed by Miroslav Krleža, who was his colleague and friend for decades. Now, he is editor-in-chief of the Dictionary of Medical and Veterinarian Terminology.

Numerous distinguished domestic and international acknowledgements and awards speak of Padovan's high reputation in the world. Padovan recited well when he was young, and later, thanks to his talent and as he would

admit, as the result of improvement, he developed into an excellent lecturer and speaker. His speeches have always had a solemn tone and confer dignity to events.

With the assistance of the academic Ivo Čupar, also former assistant of Šercer, in 1975 Ivo Padovan was elected to the Croatian Academy of Sciences and Arts (CASA) as associate member, and in 1983 as full member. As the result of his organizational abilities and good reputation in scientific circles, he was promoted in logical order from secretary of the Medical Class in 1989 to vice-president in 1991 and to president of the CASA in 1997, for which he was elected for two terms. Being elected head of the highest scientific and artistic institution in the country is the greatest acknowledgment he received for his work. Within the Academy, he fought to reconstitute nationalized property; during his term of office the building of CASA was rebuilt and he paid special attention to publishing and encouragement of excellence in numerous fields of science and arts.

Aside from his professional career, Ivo Padovan had a rich private life. The fact that he was very handsome in youth did not skip attention of the ladies. He married young, at 25, a medical student Smiljka Rajska who later became university professor and head of the Department of Ophthalmology in Vinogradska Hospital.

In 1948, his oldest daughter Ranka was born. She is now professor at the School of Medicine, Head of the Institute of Radiology, Zagreb University Hospital Center, and is married to graduate engineer Davor Štern. Padovan has two grandchildren, Danijel, an economist, and Dina, a veterinarian.

In 1978, from his second marriage with Ivica Padovan, a professor and musician, his youngest daughter Adriana Vicenca was born. She is now an undergraduate eligible for her degree finals at the Law School. In spite of an enormous professional and social engagement, he found time for his family and was always a very caring husband, father and grandfather.

Concerning hobbies, he enjoys sailing, swimming and fishing. He spends summers at the island of Korčula and in his summer houses in Brna or Prižba. When on vacation, he is very active, even in his profession.

He instilled a strong sense of belonging into his children. Although he had excellent opportunities to pursue a career in large world centers, he was overcome by patriotism, which was not just a phrase to him, so he always returned to his homeland. He speaks English, French and Italian. He plays guitar, sings, and has always taken the pleasure in music. Of all writers he has the highest esteem



for Krleža and says that by his life philosophy he is a follower of Krleža. He is always in good mood and ready for joking and laughter. Unlike many famous people who claim to be good cooks, Ivo Padovan admits he is not good at cooking, but it is known that he knows about gastronomy and that he passes on good recipes. In order to keep up with the rhythm of numerous obligations he has had since early childhood, he maintains certain rules: every afternoon he sleeps from 15 minutes to half an hour, he would never go to bed after 10 in the evening and wakes up at 6 in the morning.

Now, Ivo Padovan lives with his wife Ivica, his daughter Adriana and his mother-in-law at their family house in Čačković Street, named after the first dean and founder of the Zagreb School of Medicine.

At the peak of Padovan's work activity there were numerous stories of thousands of his patients that brought him unprecedented fame, which is rarely enjoyed by any physician. The best illustration of this is an episode I personally experienced. There were two people talking on the tram, one man was explaining to the other how he was experiencing great pain in his leg and that visits to all possible specialists for the last two years were of no use, so he finally concluded: *I heard about this doctor Padovan, I will pull all possible strings and do what it takes to get to him, since he is my last hope.*

People close to him were always impressed by the work energy of Padovan as well as by his endurance and spiritual strength. It was almost incredible how he found time for everything, with his extensive work as a surgical doctor, his scientific and teaching work and numerous social engagements. For a while, one had the impression that whatever happened Ivo Padovan had something to do with it.



Padovan's main characteristics are wisdom, persistence, diplomacy, tolerance, versatility and emotional vivacity. He never improvised on his work, which he always conducted systematically. Padovan has an extraordinary gift for communication with people and pays attention and shows interest to the problems of all the people he has encountered. He is non-confrontational and uses arguments to rationally solve conflict situations. He never liked dramatics, and under a quiet surface there is a strong and vigorous spirit. Padovan is also a man with an open, wide world-view, most of all innovative and yet with a strong sense for the values of tradition. He managed to unite the characteristics that are rarely combined in one person: he was an exceptional physician practitioner and at the same time an exceptional organizer, scientist and one of the most persistent and most versatile public workers.

He is characterized by inexhaustible patience and it is practically impossible to upset him. Ivo Padovan fought many battles in his life, but often says he never lost a single one.

I have personally known academic Padovan for a little less than thirty years, although I knew of him even longer. I had the good fortune to work with him for many years, to learn about the wisdom of life from him, about prudence and people, and I have made numerous strategic decisions in my professional life and management of this hospital after consulting with him. I consider myself to be his student and for this I am grateful and proud.

Ivo Padovan, a great man of Croatian and world medicine who became an institution in himself, is the greatest physician in 156 years of this hospital and is certainly one of the greatest physicians of Croatia in general. His work crossed the boundaries of medicine and became a part of Croatian science and medicine. The greatest legacy of Ivo Padovan are his students. He raised many dozens of successful and respectable experts in Croatia, United States, Canada, Australia, and elsewhere. As any great department head, he left behind an exceptional Department, which is led by his worthy successor Professor Boris Pegan.

All institutions, just like this hospital, next to their material existence have their life and their spiritual dimension of existence, created by previous generations. In this way, the work of Ivo Padovan will remain permanently in the spirit of Vinogradska Hospital for which I personally and in the name of all the employees give thanks.

Zvonko Kusić, M.D., Ph.D.

Director, Sestre milosrdnice University Hospital

FIRST CROATIAN CONGRESS OF OSTEOPOROSIS WITH INTERNATIONAL PARTICIPATION

Rovinj, Croatia, October 19-21, 2001

By definition, osteoporosis is a reduction in the quantity of bone. As this definition may be too broad to be clinically useful, some authors have narrowed the definition to include only bone loss that has progressed to a point at which specific parts of the skeleton become so thin that they have an increased susceptibility to fractures or that fractures are actually present.

Nowadays, we do know that osteoporosis is a complex disease that is influenced by environmental factors such as diet, smoking, alcohol intake, and exercise, however, genetic factors are now recognized as one of the most important determinants of bone mass and risk of osteoporotic fractures. Unfortunately, it is one of the most common metabolic diseases with the incidence of 8% - 10%. We also have to emphasize that the number of elderly women who have osteoporosis-related crush fractures of spinal vertebrae or fractures of either radius or neck of the femur has reached epidemic proportions. With the aging of the population, the problem is likely to increase in the future.

We have to agree that all these reasons were more than enough to encourage Professor Mirko Koršić and Professor Slobodan Vukičević to organize the First Croatian Congress of Osteoporosis. The Congress was held in the beautiful Istrian town Rovinj in the mid-autumn, October 19-21, 2001. Professor Koršić, head of the Department of Endocrinology, Diabetes and Metabolic Diseases, University Department of Medicine, Zagreb University Hospital

Center, is considered to be one of the most prominent Croatian experts in the field, widely known for his work in the pathophysiology of osteoporosis since the year 1989. On the other hand, Professor Vukičević, Institute of Anatomy, Zagreb University School of Medicine, presented as an opening lecture his paper on local and systemic control of bone mass regulation. The Congress was attended by distinguished guests from Slovenia, France and United States, who delivered very interesting lectures. Osteoporosis was dealt with from all potential points of view such as genetics, pathophysiology, epidemiology, cost-effectiveness, endocrinology, radiology, physical medicine, and gynecology. Most of the presented papers were based on the longstanding work and experience. One of the most elaborated topics were indications for using DEXA (dual energy x-ray absorptiometry). I would like to emphasize that Professor Velimir Šimunić held a lecture on postmenopausal hormone therapy and SERMs in the prevention of osteoporosis in women. There were many questions about the subject. The working program of the Congress continued with a lecture presented by Professor Koršić, entitled 'Guidelines for therapy of osteoporosis in Croatia', which was followed by extensive discussion. Many controversies in therapy of osteoporosis were discussed. The working part of the Congress was concluded by putting together the Croatian consensus for the treatment of osteoporosis.

Overall, the Congress was very successful indeed. It also was an opportunity for gathering of the colleagues in a comfortable and friendly atmosphere. Considering the great number of participants and rich program, we can expect many of them keeping coming for years.

Ingrid Márton

**NOVE SPOZNAJE
O FIBRILACIJI ATRIJA**
*NEW INSIGHTS IN
ATRIAL FIBRILLATION*

Druga obavijest
Second Announcement

5. simpozij
Radne skupine
za aritmije Hrvatskog
kardiološkog društva
5th Symposium
of the Working Group
on Arrhythmias of
the Croatian
Cardiac Society
Zagreb, Hrvatska
Hotel Opera
22. ožujka 2002.
Zagreb, Croatia
Hotel Opera
March 22, 2002

Pod okriljem Radne
skupine za aritmije Hrvatskog
kardiološkog društva
Under auspices of the Working
Group on Arrhythmias of the
European Society of Cardiology

**NEW INSIGHTS IN ATRIAL
FIBRILLATION – 5th SYMPOSIUM
OF THE WORKING GROUP ON
ARRHYTHMIAS OF THE CROATIAN
CARDIAC SOCIETY**
Zagreb, Croatia, March 22, 2002

The 5th Symposium of the Working Group on Arrhythmias of the Croatian Cardiac Society was held in Hotel Opera in Zagreb, on March 22, 2002, under the auspices of the Working Group on Arrhythmias of the European Society of Cardiology.

This year's Symposium was dedicated to atrial fibrillation with special reference to pathophysiology and new treatment modalities. There are several reasons why this issue was chosen. Atrial fibrillation is the most common rhythm disorder in humans with increasing clinical and economic consequences. In spite of that, many issues concerning the pathophysiology and management of atrial fibrillation have remained controversial or less well understood. On the other hand, we almost daily receive new information on this arrhythmia, which require critical analysis. Therefore, the Symposium was aimed to provide a more complete insight into the pathophysiological basis of atrial fibrillation, to present current viewpoints on its management, and to point out the benefits and risks of various modes of treatment.

The Symposium began with the introductory lecture, 'History of atrial fibrillation', given by Prof. Berndt Lüderitz (Bonn). He said: "Like any other field of medicine, the study of atrial fibrillation has a distinctive past. Our knowledge of this arrhythmia today is the result of many competitive, sometimes serendipitous, scientific realizations, of which a few proved enough to pursue and eventually led to real advancements". Structurally, the Symposium was divided into four sessions.

In the session on Bases of Atrial Fibrillation, the main topic were the anatomical and electrical changes in the atrium that are responsible for the initiation and maintenance of atrial fibrillation. Among presentations, mention should be made of the lecture on electrical and nonelectrical remodeling in atrial fibrillation, presented by K. Stanić from Rijeka. Other speakers in this session were P. Rakovec (Ljubljana) and H. Pintarić (Zagreb). In the other two sessions, the main topic was pharmacological treatment of atrial fibrillation. Several important messages were pointed out from these sessions. Because of its efficacy and safety, amiodarone should be considered as primary therapy to maintain sinus rhythm in patients with structural heart disease. Dofetilide, a new class III antiarrhythmic drug, should be introduced to the Croatian medical market for the prevention of atrial fibrillation in patients with ischemic heart disease and/or congestive heart failure treatment. At present, there is enough evidence from randomized controlled trials that anti-thrombotic therapy significantly reduces the incidence of

thromboembolism in patients with persistent or permanent atrial fibrillation. In our circumstances, propafenone is the first-choice drug for pharmacological conversion of atrial fibrillation in patients without ischemia or congestive heart failure. The choice of drug for the prevention of atrial fibrillation depends on the underlying heart disease and its safety. Since proarrhythmic events occur mostly during the first few days of therapy, antiarrhythmic drugs should be initiated at the hospital in all patients with structural heart disease. Calcium channel blockers or beta-blockers are the first drug options for the pharmacological rate control in permanent atrial fibrillation. Digoxin is indicated in patients with congestive heart failure or older, physically inactive patients. It seems that beta-blockers are the best antiarrhythmic drugs for the prevention and treatment of atrial fibrillation after coronary artery bypass graft surgery. The speakers in these sessions were D. Petrač (Zagreb), J. Borbola (Budapest), A. Lukin (Split), A. Jović (Zadar), B. Radić (Zagreb) and B. Buljević (Zagreb).

The last session was dedicated to nonpharmacological treatment of atrial fibrillation, including electrical cardioversion (Z. Batinić, Zagreb), atrial pacing (Ype S. Tuininga, Deventer), catheter ablation of atrial fibrillation (R. Cappato, Milan), and hybrid therapy of atrial fibrillation (V. Goldner, Zagreb). A number of very important conclu-

sions were derived from this session. Antithrombotic therapy is obligatory for four weeks before and after elective electrical cardioversion. There is increasing evidence that single site atrial pacing is beneficial for atrial fibrillation prevention in patients with sick sinus syndrome. Both dual-site right atrial and interatrial septal pacing have shown an incremental benefit as compared with single-site right atrial pacing, and can be used in selected patients with resistant symptomatic atrial fibrillation. In case of focal activity, catheter ablation has proven to be a curative approach with a success rate of about 70 percent in patients with idiopathic atrial fibrillation, including patients receiving antiarrhythmic agents that were ineffective prior to ablation. Because of the pharmacological and nonpharmacological monotherapy limitations, hybrid therapy becomes a therapeutic reality for many patients with atrial fibrillation.

Short summaries of invited lectures have been printed in the Abstract Book. More than 250 participants from different areas of Croatia attended the Symposium. The Symposium was evaluated according to the Croatian Medical Chamber regulations.

Dubravko Petrač
Chairman of the Symposium