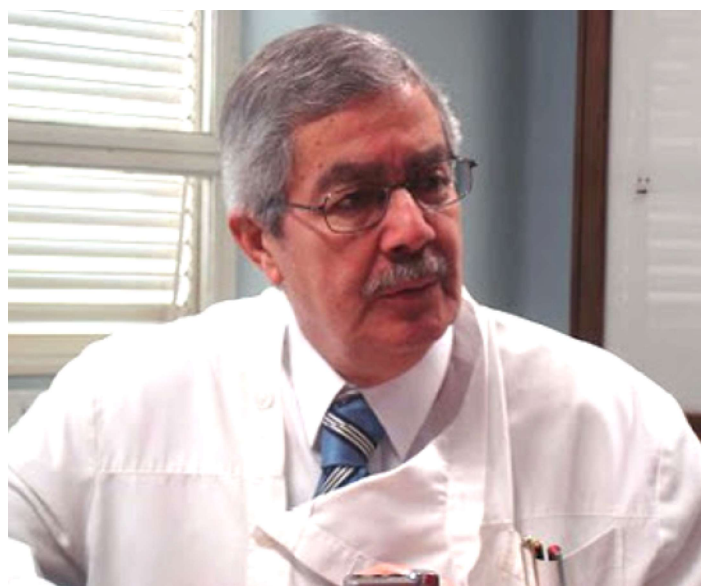


## *In Memoriam:* Professor Doutor Américo Dinis da Gama (1942 – 2025)

Luís Mendes Pedro 

Faculty of Medicine, University of Lisbon, Portugal.  
Vascular Surgery Department, Heart and Vessels Division, Hospital Santa Maria (ULSSM), Lisbon, Portugal.  
Hospital da Luz Torres de Lisboa, Lisbon, Portugal.

Submitted: January 7, 2026; Accepted: January 15, 2026



Professor Américo José Jansen Verdades Dinis da Gama, a retired Full Professor at the Faculty of Medicine of the University of Lisbon and former Head of the Vascular Surgery Department at Hospital de Santa Maria, passed away on June 21, 2025, at the age of 82.

As a leading figure in Portuguese Vascular Surgery, it is worth remembering his life and his work.

### **Professional and academic career**

Born in Caála, Angola, on August 27, 1942, Professor Dinis da Gama completed his high school education in Luanda and entered the Faculty of Medicine of the University of Lisbon in 1959. He graduated in Medicine in 1967 with a final grade of 17 out of 20. The General Surgery residency was completed at the Department of Surgery of Hospital de Santa Maria, under João Cid dos Santos, from 1972 to 1975, earning a final classification of *Very Good with Distinction and Honour*. Between 1974 and 1976, he undertook a fellowship at the Fondren Brown Cardiovascular Unit of Methodist Hospital in Houston and became a Fellow in Cardiovascular Surgery

at Baylor College of Medicine. This period, which proved decisive for both his training and future professional practice, saw him working within Michael DeBakey's team, [Figure 1](#). There, he absorbed the foundations and pioneering spirit of cardiovascular surgery as practised in Houston at the time, which he later brought back to Lisbon, playing a key role in modernising the speciality in Portugal.

In 1987, he successfully competed for the position of Chief of Service in the hospital medical career and was formally appointed in 1989. In 1988, he served as Director of the Emergency Department at Hospital de Santa Maria, and in 1990 he was appointed Director of the Vascular Surgery Department, a position he held until his retirement in 2012.

Academically, he progressed through every level of the university career path. He began as a teaching collaborator in 1977 and later served as an Assistant Professor from 1982 to 1984. In 1984, he completed his PhD at the Faculty of Medicine of the University of Lisbon with the thesis "*Extra-Anatomic Revascularization in Aorto-Iliac Occlusive Disease*", graduating with *Distinction and Honour*.<sup>[1]</sup>



**Figure 1.** Michael DeBakey and team in 1975. Professor A. Dinis da Gama is the first on the standing row



He joined the Faculty as an Assistant Professor in 1985 and completed his Habilitation in 1987, passing by majority vote. His synthesis lecture was titled “*Surgical Decision-Making in Atherosclerosis*.” He became an Associate Professor in 1988, was appointed Chair of the Vascular Surgery discipline in 1990, and finally achieved the position of Full Professor in 1993.

Between 1998 and 2004, he served as a member of the Coordinating Committee of the Scientific Council and as President of the Assembly of Representatives of the Faculty of Medicine of Lisbon. He also held senior leadership roles in several international scientific societies. Throughout his career, he received numerous honours, including an Honourable Mention from the PFIZER Awards in 1974, the National and International “Cid dos Santos” Prize in 1984, the SPCCTV/Laboratórios Vitória Prize in 1995, the Second PFIZER Research Prize in 1997, and the Special Prize from the World Association of Medical Film in 1997.

He was awarded the Gold Medal of the Ministry of Health, the Medal of Honour of the Faculty of Medicine of Lisbon, the Silver Medal for Distinguished Service of the Portuguese Armed Forces, the Gold Medal of the University of Padua (Italy), and the Medal of Merit of the Portuguese Red Cross.

In 2016, the *Portuguese Journal of Cardio-Thoracic and Vascular Surgery* established an annual award in his name—the “Professor Américo Dinis da Gama Award” to honour the best scientific work each year. He was also the second full member of Chair XXVI of the National Academy of Medicine of Portugal.

Finally, it is worth highlighting his experience as a military surgeon during his deployment in Mozambique from 1967 to 1971, later described in a recent book.<sup>[2]</sup> This compelling testimony offers a vivid account of the harsh realities of the colonial war, as seen through the eyes of a surgeon who served on the front lines.

### Main areas of surgical and scientific interest

Professor Dinis da Gama was always recognised as a highly skilled and meticulous surgeon, known for the elegance of his surgical technique, [Figure 2](#).

He was also a leading example of an academic surgeon, consistently seeking to give his surgical practice a scientific

dimension and to use it as a means of sharing knowledge and trained and influenced several generations of vascular surgeons. Among the many topics within the speciality, his main areas of clinical activity and scientific interest are briefly outlined below.

### Aortic surgery and surgical treatment of thoracoabdominal aortic aneurysms

Aortic surgery was one of his major technical and scientific interests from the time of his Houston fellowship. There, he became familiar with complex surgical techniques for thoracoabdominal aneurysm repair, which at the time were treated by cardiovascular surgeons skilled in extracorporeal circulation. Since such collaboration was not feasible in Portugal at the time, he developed an alternative approach involving the initial construction of a lateral aortic shunt between the aorta proximal to the aneurysm and the distal aorta or iliac arteries. This allowed decompression of proximal hypertension at the clamping site while maintaining perfusion of distal organs. Grafts were pre-anastomosed to this shunt and, after opening the aneurysm, connected to the origin of each artery (celiac trunk, superior mesenteric, and renal arteries).<sup>[3]</sup> According to his concept, this technique allowed treatment of thoracoabdominal aneurysms without extracorporeal circulation or atriofemoral perfusion, which were already routine in Houston under Stanley Crawford’s experience. It was therefore better suited to countries and settings like Portugal of that era. By 2008, he had used this technique in around sixty patients with suitable anatomy, achieving acceptable outcomes.<sup>[4]</sup>

**Figure 2.** Professor Dinis da Gama in the operating theatre, circa 2010



This “Simplified Technique” was published in the *Encyclopédie Médico-Chirurgicale*, but it is not currently a standard procedure. Its main limitations include its unsuitability for type I and II thoracoabdominal aneurysms without a non-aneurysmal distal neck below the left subclavian artery (needed for proximal shunt anastomosis), the issue of the ligated aortic stump and its risk of rupture, and, most importantly, the fact that it is a passive shunt. This prevents control of volumes and pressures – key factors for hemodynamic stability – which is possible with the standard techniques of atriofemoral pumps or femoro-femoral extracorporeal circulation used nowadays.<sup>[5]</sup>

### **Surgical treatment of aortic dissection**

The management of patients with aortic dissection was another major focus of his work. His views were presented in an article published in *The Journal of Cardiovascular Surgery* following the Leriche Memorial Lecture delivered at the 39th Congress of the European Society for Cardiovascular Surgery in Budapest in December 1990.<sup>[6]</sup>

He argued that the history of disease is also a history of changing concepts, with growing uniformity in the treatment of type A dissection but wide variability in the treatment of type B dissection. Based on his experience and the literature, he challenged the appropriateness of open aortic resection and graft replacement in the acute phase, contrary to the practice advocated by high-volume American and European centres at the time.

His arguments for limiting major early interventions included high operative mortality, the difficulty of excluding the false lumen (which often remained patent without consequences), and the ischemic risk associated with false lumen closure when territories previously perfused by it became dependent on the “new” true lumen. These issues, thoroughly analysed in this article, form the basis of modern concepts and endovascular techniques that are now standard practice. He also supported open procedures to revascularize organs affected by malperfusion – an approach that still remains relevant in selected cases.

### **Renal revascularisation in young patients**

Another long-standing technical and scientific interest was renal and visceral revascularisation in young patients. He introduced several original techniques, reported in speciality journals, notably the use of internal iliac artery grafts, external iliac artery grafts (with synthetic graft interposition to replace the removed arterial segment), and even segments of colic arcade (with direct anastomosis) for renal revascularisation in young patients.<sup>[7,8]</sup>

### **Aortic surgery with homografts**

During one phase of his surgical career, he supported the use of cadaveric homografts for arterial replacement in cases of infection.<sup>[9]</sup> This approach was later abandoned, mainly due to the lack of a homograft bank in Portugal and the late complications reported in the literature.

### **Popliteal endarterectomy**

Another area of interest was the systematic surgical approach to popliteal artery occlusion in cases of critical limb ischemia. He argued that, in many cases, it was possible to perform popliteal endarterectomy extending into the tibioperoneal trunk, thereby restoring flow to patent leg arteries.<sup>[10]</sup>

### **Personal view on the evolution of vascular surgery, medicine and healthcare systems**

His academic and professional thinking was expressed in numerous papers and editorials, particularly in *The Portuguese Journal of Cardio-Thoracic and Vascular Surgery*, where he addressed topics such as clinical and Hippocratic medicine, the National Health Service, the role of private institutions in healthcare, and cost rationalisation in Medicine.

He was also a systematic defender of open surgery over the endovascular concept, which he always viewed with scepticism.

**Ethics Approval:** Not applicable

**Informed Consent:** No written informed consent was required due to the study design

**Declaration of Generative AI and AI-Assisted Technologies in the Writing Process:** No generative AI or AI-assisted technologies were used in the writing process.

## **REFERENCES**

1. Dinis da Gama A. The fate of the donor artery in extra-anatomic revascularization. *J Vasc Surg* 1988;8:106-11
2. Dinis da Gama A. Memórias de tempos inesquecíveis incluindo a guerra colonial em Moçambique (1969-1971). Ed. Autor. 2020.
3. da Gama AD. A simplified technique for the surgical treatment of aneurysms of the thoraco-abdominal and the upper abdominal aorta. *J Cardiovasc Surg* 1984;25:505-9
4. Dinis da Gama A. “Técnica simplificada” no tratamento do aneurisma da aorta toracoabdominal. IX Simpósio Internacional de Angiologia e Cirurgia Vascular. Porto, 17-18 Outubro de 2008
5. Soares TR, Amorim P, Martins C, Manuel V, Silva E, Moutinho M, et al. A hybrid solution to manage a thoracoabdominal aortic aneurysm: the “simplified technique” associated to endografting of the proximal aortic anastomosis. *Angiologia e Cirurgia Vascular* 2019;15:113-7
6. Dinis da Gama A. The surgical management of aortic dissection: from uniformity to diversity. *J Cardiovasc Surg* 1991;32:141-53
7. da Gama AD, Sarmento CS, do Carmo GX, Machado FS. Use of external iliac artery in renal revascularization surgery: long-term angiographic assessment. *J Vasc Surg*. 2003;38:123-8.
8. Dinis da Gama A, Silva Nunes J, Cunha e Sá D, Mendes Pedro L. Cirurgia de revascularização de rim único em anúria utilizando a artéria cólica esquerda como enxerto livre. *Revista Portuguesa de Cirurgia Cardio-Torácica e Vascular* 2003;10:141-5
9. Dinis da Gama A. Cirurgia de revascularização em terrenos infectados: em busca da solução ideal. *Revista Portuguesa de Cirurgia Cardio-Torácica e Vascular* 2005;12:221-5
10. da Gama AD. Artérite distale des membres inférieurs: désobstruction de la trifurcation poplitée [Distal arteritis of the legs: de-obstruction of the popliteal trifurcation]. *J Mal Vasc*. 1994;19 Suppl A:162-9