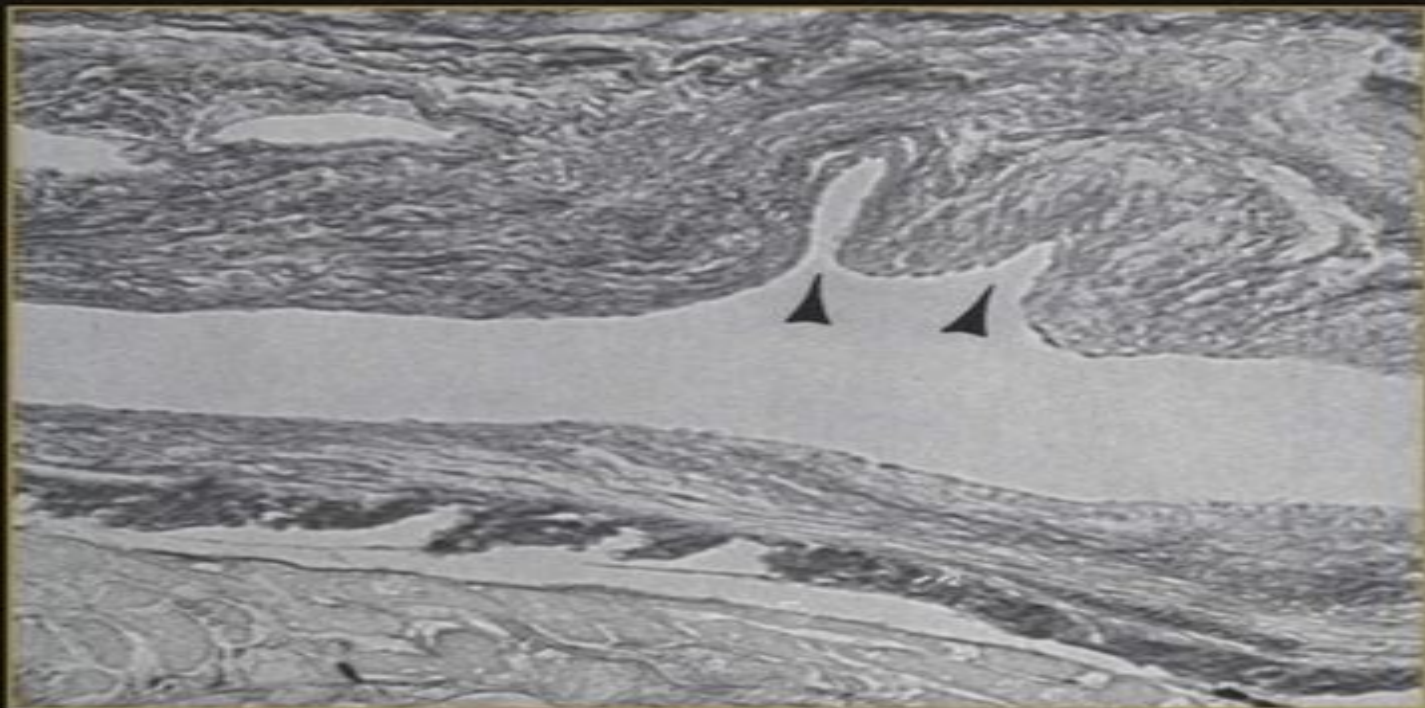


# Direct Myocardial Revascularization: History, Methodology, Technology

Edited by  
Peter Whittaker  
George S. Abela



# Direct Myocardial Revascularization History Methodology Technology Developments In Cardiovascular Medicine

**Anthony P. C. Yim**



## **Direct Myocardial Revascularization History Methodology Technology Developments In Cardiovascular Medicine:**

### **Direct Myocardial Revascularization: History, Methodology, Technology** Peter Whittaker, George S.

Abela, 2012-12-06 The last five years have witnessed an increasing interest in the subject of transmyocardial laser revascularization TMR as illustrated by the number of abstracts presented at the meetings of the American Heart Association and the American College of Cardiology Figure The ideas and concepts associated with this particular method of myocardial revascularization have changed dramatically over even this short period of time The original premise of de evolving mammalian hearts to recreate a reptilian like myocardial circulation by making multiple channels through the myocardium has been almost but perhaps not quite completely dismissed Now the most popular notion is that there is an angiogenic response to myocardial channel making It is this development of new blood vessels that is thought to be responsible for the apparent improvements in symptoms and blood flow Along the way the idea that a channel could stay open and allow blood to flow directly from the ventricular chamber has found little support Rather than directly explore all of these issues and merely duplicate previously published articles our aim was to take a novel approach that is to step back from these arguments and provide perspective from the vantage point of distance In the case of trans myocardial revascularization distance comes both in terms of history and in terms of methodology and knowledge from other fields of research Historically innovative methods of myocardial revascularization are by no means uncommon The first two chapters deal with this historical perspective

Molecular Genetics of Cardiac Electrophysiology C. Berul, Jeffrey A. Towbin, 2000-04-30 The molecular basis for atrial fibrillation continues to be largely unknown and therapy remains unchanged aimed at controlling the heart rate and preventing systemic emboli with anticoagulation Familial atrial fibrillation is more common than previously suspected While atrial fibrillation is commonly associated with acquired heart disease a significant proportion of individuals have early onset without other forms of heart disease referred to as lone atrial fibrillators It is also well recognized that atrial fibrillation occurs on a reversible or functional basis without associated structural heart disease such as with hyperthyroidism or of atrial fibrillation following surgery It remains to be determined what percentage in these individuals is familial or due to a genetic predisposition Mapping the locus for familial atrial fibrillation is the first step towards the identification of the gene Isolation of the gene and subsequent identification of the responsible molecular genetic defect should provide a point of entry into the mechanism responsible for the familial form and the common acquired forms of the disease and eventually provide more effective therapy We know that the ionic currents responsible for the action potential of the atrium is due to multiple channel proteins as is electrical conduction throughout the atria Analogous to the ongoing genetic studies in patients with familial long QT syndrome it is highly likely that defects in each of these channel proteins will be manifested in familial atrial fibrillation *Interpretation of Cardiac Arrhythmias* Zainul Abedin, Robert Conner, 2012-12-06 Accurate diagnosis of arrhythmias is the goal of this volume Before the clinician can accurately classify the multiple permutations of cardiac

rhythm encountered in daily practice several essential preconditions must be met At the most basic level the clinician must know the diagnostic criteria for each rhythm Without a clear understanding of these criteria an accurate differential diagnosis is impossible and without accurate diagnosis correct intervention is a mere matter of chance A second precondition of accurate rhythm diagnosis is an understanding of the mechanism of arrhythmias Not uncommonly two or more arrhythmic mechanisms coexist confronting the clinician with a baffling mixture of apparently unrelated complexes and intervals Without an understanding of the various arrhythmic mechanisms simple and complex the tangled skein of data can never be unraveled Finally accurate arrhythmia diagnosis depends on skill attained through practice The competent electrocardiographer combines the skills of precise measurement and rational application of logic with broad theoretical knowledge The pleasure of electrocardiography is seeing through the surface appearance to the inner workings Interpretation of Cardiac Arrhythmias presupposes no prior knowledge of arrhythmias and progresses from basic to the complex The didactic sections focus extensively on the mechanism of arrhythmia using laddergrams and other diagrammatic devices to help the student visualize what is happening with the cardiac conduction system Extensive self assessment sections enable students to apply critical skills and test their grasp of the diagnostic criteria

**Contemporary Concepts in Cardiology** Richard Gorlin, George D. Dangas, Pavlos K. Toutouzas, M.M. Konstadoulakis, 2012-12-06 In the era of instant global communication medicine is an international discipline characterized by a wide range of patient referral systems world wide discussion of clinical and research findings and an explosion in the medical literature Perhaps no field has progressed more than cardiology in the past few years Contemporary Concepts in Cardiology has been conceived as a supplement to the classic cardiology textbooks for the use of practicing physicians cardiologists in training medical students and research investigators This volume focuses on associations between refinements in the understanding of disease and clinical applications The material is presented in a way that limns the latest advances and focuses thinking towards future developments in cardiology The Editors have assembled a respected international panel of contributors so that each chapter is authored by a well known specialist in his or her field Every attempt was made to avoid the fragmentation which often characterizes the digest approach Because the constant flow of information makes it nearly impossible to construct a timely book on advances in cardiology the chapters in this volume describe the current concepts in cardiology and their underlying rationale rather than attempting a comprehensive review of the most recent papers in each discipline

**Resource Utilization in Cardiac Disease** Lloyd W. Klein, James E. Calvin, 1999-07-31 Despite recent advances in the diagnosis and treatment of various cardiac illnesses including ischemic valvular and cardiomyopathic disease the most cost effective means of employing laboratory testing and treatment modalities remains an issue in most practice settings With the advent of managed care and vigilant third party payer evaluation of the use of diagnostic tests and hospital length of stay the most effective medical and economic method of managing everyday cardiac illness is a question that arises daily in practice To this

end we have selected well known and widely published experts in cardiac diagnosis and therapy to develop practical and informative approaches outlining the most cost effective methods of patient management The topics include the entire range of cardiac diseases and emphasize the economic impact on decision making We develop guidelines and present general strategies for the practicing cardiologist and general internist Additionally the editors who have 10 years of experience in this area discuss the methods necessary to bring critical pathways and practice guidelines into clinical use Both hospital and out patient phases of illness are considered Special concerns of hospital private practice managed care and group practice settings are specifically addressed

**Exercise Testing** Myrvin H. Ellestad, Ezra A. Amsterdam, 2001-11-30 Since it was introduced less than 100 years ago analysis of the circulatory response to exercise as a measure of cardiac function has undergone remarkable development Most recently this approach has incorporated the burgeoning technology of the last half of the 20th century to meet the physiological and diagnostic needs of scientist and clinicians The ease of administration economy and abundant data that characterize exercise testing for its relative staying power as the most frequently utilized noninvasive method of cardiovascular evaluation The basic modalities of exercise electrocardiography of treadmill and bicycle have been extended by noninvasive cardiac imaging techniques including scintigraphy and echocardiography that have provided new insights in myocardial function during exertion and pharmacologic stress At the same time traditional exercise electrocardiography has also been refined by innovations that have broadened its applications Exercise Testing Current Concepts and Recent Advances affords the reader a state of the art presentation of the diverse and expanding methods of exercise testing and their roles in patient management The contributors to this volume include individuals who have made seminal contributions to the field during the last several decades Indeed it is legitimate to designate this group as a Who's Who of Exercise Testing It is our hope that this book will enhance the reader's understanding of contemporary methods of exercise testing as well as provide a glimpse into future directions of this science that this knowledge is applied to optimal diagnosis and management of our patients

**The Role of Inflammatory Mediators in the Failing Heart** Douglas L. Mann, 2012-12-06 Although clinicians have recognized the importance of inflammatory mediators in the pathogenesis of heart disease for well over 200 years it has taken nearly as many years for clinicians and scientists to focus on the basic biological mechanisms by which inflammatory mediators contribute to the pathogenesis of cardiac disease states Over the past decade there has been increasing interest in the potential role that inflammatory mediators play in a variety of cardiac disease states including chronic heart failure The Role of Inflammatory Mediators in the Failing Heart provides a state of the art review on inflammatory mediators and the failing heart This book will serve both as a useful introduction to the field as well as an update for those interested in the role of inflammatory mediators and the failing heart

**Myocardial Viability** A.E. Iskandrian, Ernst E. van der Wall, 2012-12-06 AMI E ISKANDRIAN we appreciate their commitments and contributions Almost all chapters have been radically modified Chapter 1 deals with pathophysiology of myocardial

hibernation and stunning Chapter 2 with apoptosis Chapter 3 with the role of positron emission tomography Chapters 4 and 5 with the role of single photon emission computed tomography with thallium 201 and technetium agents respectively Chapter 6 with the role of SPECT fatty acid imaging Chapter 7 with the role of SPECT FDG imaging Chapter 8 with the role of cardiac catheterization angiography Chapter 9 with the role of echocardiography Chapter 10 with the role of magnetic resonance imaging and Chapter 11 with clinical applications Finally Chapter 12 provides a short summary

**Oxidative Stress and Vascular Disease** John F. Keaney Jr., 1999-12-31 One of the major biomedical triumphs of the post World War II era was the definitive demonstration that hypercholesterolemia is a key causative factor in atherosclerosis that hypercholesterolemia can be effectively treated and that treatment significantly reduces not only coronary disease mortality but also all cause mortality Treatment to lower plasma levels of cholesterol primarily low density lipoprotein LDL cholesterol is now accepted as best medical practice and both physicians and patients are being educated to take aggressive measures to lower LDL We can confidently look forward to important decreases in the toll of coronary artery disease over the coming decades However there is still uncertainty as to the exact mechanisms by which elevated plasma cholesterol and LDL levels initiate and favor the progression of lesions There is general consensus that one of the earliest responses to hypercholesterolemia is the adhesion of monocytes to aortic endothelial cells followed by their penetration into the subendothelial space where they differentiate into macrophages These cells and also medial smooth muscle cells that have migrated into the subendothelial space then become loaded with multiple large droplets of cholesterol esters the hallmark of the earliest visible atherosclerotic lesion the so called fatty streak This lesion is the precursor of the more advanced lesions both in animal models and in humans Thus the centrality of hypercholesterolemia cannot be overstated Still the atherogenic process is complex and evolves over a long period of time

*Cumulated Index to the Books*, 1999

Chest Pain with Normal Coronary Angiograms: Pathogenesis, Diagnosis and Management Juan Carlos Kaski, 1999-02-28 This book is timely and challenging Within its pages are commentaries and opinions on the scientific background and explanatory ideas for a complex of symptoms and investigations known as syndrome X The commonest cause by far of angina pectoris is coronary artery obstruction due to atheromatous lesions both within the wall of the artery and intruding into the lumen in such patients it is expected that there maybe ST segment depression on atrial pacing or on an exercise test indicating myocardial ischemia Syndrome X was a term first used in an editorial written by Kemp in 1973 He was referring to patients in group X in a paper from Arbogast and Bourassa Patients in group X had three features namely angina as judged on a clinical history alterations of the ST segment on the electrocardiogram during atrial pacing and smooth unobstructed coronary arteries presumed normal as assessed by the technique of coronary angiography The changes on the electrocardiogram conventionally indicative of myocardial ischemia could not be explained on the basis of any abnormality of the coronary arteries and Kemp named the complex of findings syndrome X because of this seeming paradox and the lack of a single

explanation In the last thirty one years there has been substantial scientific interest in this syndrome giving rise to a large number of publications The name syndrome X has led to considerable confusion Physicians are familiar with the X chromosome and with X linked congenital disorders

**Percutaneous Revascularization Techniques** Manuel Maynar-Moliner,1993

**Cardiac Surgery in the Adult 5/e** Lawrence H. Cohn,David H. Adams,2017-09-08 The most comprehensive and current full color cardiac surgery resource updated by leading surgeons A Doody s Core Title for 2024 2022 In Cardiac Surgery in the Adult Fifth Edition the world s foremost cardiovascular surgeons deliver thorough up to date coverage of operative strategy decision making technique and pre and post operative management for treating the adult cardiac patient Unmatched in both scope and clinical rigor this classic text contains 63 chapters that highlight every important topic in cardiovascular surgery Presented in full color Cardiac Surgery in the Adult takes readers through the optimal treatment of congenital acquired infectious and traumatic diseases of the heart and great vessels The book opens with a history of cardiac surgery and basic cardiac science then moves into all types of cardiac surgery providing both practicing surgeons and residents with insight into the very latest surgical protocols Cardiac Surgery in the Adult is logically divided into ten sections Basics includes history anatomy physiology pharmacology computed tomography risk assessment simulation and the fully integrated cardiovascular center Perioperative Intraoperative Care Ischemic Heart Disease Aortic Valve Disease Mitral Valve Disease Surgery of the Great Vessels Rhythm Surgery Other Cardiac Operations including congenital heart disease pericardial disease and cardiac neoplasms Transplant and Mechanical Circulatory Support The Fifth Edition has been updated throughout and includes the latest advances in minimally invasive surgery and simulation

*Classic Teachings in Clinical Cardiology* Michael Alton Chizner,1996

**Harrison's Principles of Internal Medicine, 18th Edition** Dan Longo,Anthony Fauci,Dennis Kasper,Stephen Hauser,J. Jameson,Joseph Loscalzo,2011-07-22 The most widely read textbook in the history of medicine made more essential to practice and education by an unmatched array of multi media content Through six decades no resource has matched the encyclopedic scope esteemed scholarship and scientific rigor of Harrison s Principles of Internal Medicine both as a textbook and as a clinical reference It remains the most universally respected textbook in all of medical publishing and the pinnacle of current medical knowledge The eighteenth edition of Harrison s features expanded and more in depth coverage of key issues in clinical medicine pathophysiology and medical education The acclaimed Harrison s DVD has been updated to include 53 chapters not found in the text 14 all new how to videos commissioned specifically for Harrison s PowerPoint presentations on essential topics in medical education and hundreds of bonus illustrations Presented in two volumes NEW text design greatly enhances readability NEW chapters on cutting edge topics in clinical medicine Expanded focus on global considerations of health and disease Editor in Chief Dan Longo MD Boston MA is Professor of Medicine Brigham and Women s Hospital Harvard Medical School

*Forthcoming Books* Rose Arny,2003

*Harrison's Principles of Internal Medicine* Anthony S. Fauci,2008 Harrison s has defined internal

medicine for millions of physicians and students worldwide since 1950 This Seventeenth Edition retains its balance of science and patient management and has been massively updated to include an innovative array of new features and content Beyond the expansion of an illustration program with more than 300 new additional illustrations The acclaimed Approach to the Patient and Treatment features have been redesigned to make referencing the content faster than ever before Readers will find an expanded focus on global health including a Global Advisory Board composed of 11 prominent medical experts from around the world and a chapter on Global Considerations in Medicine by Jim Kim and Paul Farmer Also the new chapter on the Epidemiology of Cardiovascular Diseases provides a uniquely valuable summary of this emerging global epidemic A new Global Considerations icon identifies epidemiologic diagnostic and therapeutic distinctions between

**Minimal Access Cardiothoracic Surgery** Anthony P. C. Yim, 2000 A team of over 150 leading contributors provides state of the art coverage of minimally invasive surgery using videoscopic guidance Delivers up to date discussions of pleural and lung diseases mediastinum esophageal disease pediatric surgery coronary artery bypass and valvular surgery Features over 890 clear illustrations many in full color

**Harrison's Principles of Internal Medicine, 17th Edition** Anthony S. Fauci, Eugene Braunwald, Dennis L. Kasper, Stephen L. Hauser, Dan L. Longo, J. Larry Jameson, Joseph Loscalzo, 2008-03-31 Introducing the most dramatically revised edition of Harrison's ever Now with NEW bonus DVD with 37 chapters and more than 500 brand new images and video clips MORE THAN TRUSTED BEYOND ESSENTIAL The 1 selling medical textbook worldwide Harrison's has defined internal medicine for millions of clinicians and students The new Seventeenth Edition retains Harrison's acclaimed balance of pathobiology cardinal signs and manifestations of disease and best approaches to patient management yet has been massively updated to give you an innovative array of bold new features and content If ever there was one must have resource for clinicians and students this is it UNMATCHED EXPERTISE AT YOUR FINGERTIPS As an unprecedented amount of medical information bombards you and your patients where do you go to sort it out and make sense of it all When your patients request clarification on something they've printed off where do you turn for expert explanations The same trusted resource physicians and students have turned to for over fifty years Harrison's Principles of Internal Medicine Now more than ever trust Harrison's to filter and clarify the exploding knowledge base to highlight the breakthroughs and to deliver a clear balanced distillation of the best and most current information on which to base clinical decisions THE MOST EXCITING AND EXTENSIVELY REVISED EDITION EVER Here are just a few of the reasons why the new 17th Edition of Harrison's is the best edition yet Bonus companion DVD featuring 37 new e chapters over 500 brand new radiological laboratory and clinical images including complete atlases state of the art video clips an Image Bank of nearly all the illustrations contained in the parent text and much more Expanded modernized illustration program with more than 800 brand new additional illustrations a 60% increase over the previous edition Dozens of brand new chapters on vital topics in medical education and clinical practice Global Issues in Medicine Patient Safety and Health Quality Health Disparities Atlas



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