



# Innovations in percutaneous management of cardiovascular disease and structural heart disease

*"The issue encompasses evaluations of innovative interventional medical devices and reviews of cardiovascular and structural heart disease advances."*

The articles presented in the August issue of *Interventional Cardiology* focus on the latest tools and advances in interventional cardiology in 2010. The issue encompasses evaluations of innovative interventional medical devices and reviews of cardiovascular and structural heart disease advances. These innovative devices include the AngioSculpt® balloon for coronary and peripheral interventions [1], dedicated coronary bifurcation stenting with the Tryton™ side-branch stent [2] and the low-pressure self-expandable luminal shield system (vProtect™) for the mechanical stabilization of high-risk coronary atherosclerotic lesions [3].

Reviews on structural heart disease include transcatheter aortic and mitral valve replacement [4], as well as the future for percutaneous mitral valve repair [5].

Reviews on coronary artery disease will highlight the use of optical coherence tomography to evaluate stent placement and outcomes [6]. Stent selection based on clinical scenarios of acute coronary syndrome and unstable coronary lesions is reviewed by Rodriguez and Rodriguez-Granillo [7]. Cohen and colleagues contributed a much needed review on the subject of anticoagulation in percutaneous coronary intervention [8]. The role of alternative pharmacological cardioprotection for ischemic postconditioning is discussed by Engström and colleagues [9]. The current status and the future of endovascular treatment of complex aortic aneurysms including fenestrated grafts are reviewed by Verhoeven *et al.* [10]. Last but not the least, a systematic review of transcatheter patent foramen ovale closure is contributed by Hijazi and colleagues [11].

This issue covers a broad range of interventional topics including the coronary arteries, peripheral vascular disease and structural heart disease, which we hope our readers will enjoy.

## Financial & competing interests disclosure

*The authors have no relevant affiliations or financial involvement with any organization or entity with a financial interest in or financial conflict with the subject matter or*

*materials discussed in the manuscript. This includes employment, consultancies, honoraria, stock ownership or options, expert testimony, grants or patents received or pending, or royalties. No writing assistance was utilized in the production of this manuscript.*

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