



A new era in interventional cardiology

"Herein, there is a wealth of information, reviews, new data and exciting editorials that continue to push interventional cardiology into a new era."

This issue of *Interventional Cardiology* continues to build upon the preceding issues. Herein, there is a wealth of information, reviews, new data and exciting editorials that continue to push interventional cardiology into a new era.

There is a great discussion on anticoagulation in patients who have undergone percutaneous coronary intervention (PCI) with drug-eluting stents [1]. This is a complex issue that will probably never be fully resolved. I personally struggle with this clinical problem in several of my patients. The discussion extends further with how to manage patients who require proton-pump inhibitors and clopidogrel therapy [2]. Akyuz and colleagues present an excellent and concise review of contrast induced nephropathy [3].

Electrophysiological issues of atrial fibrillation and consequent second-generation atrial tachycardias is reviewed [4]. Like many new interventions, what first appears to be the Holy Grail, is often later found to have its own inherent set of problems.

A fascinating discussion surrounds both patient and mechanical factors involved with stent responses [5,6]. How do a patient's own genetics and age impact outcomes? What about stent geometry? These topics are all discussed. As is the topic of patent foramen ovale and migraine headaches [7] – another clinical problem that may never be fully answered.

There is a discussion of how best to approach complex coronary and peripheral interventions [8]. Should embolic protection devices be utilized during interventions on patients with critical limb ischemia? How is proximal left anterior descending coronary artery disease best treated – should the patient have minimally invasive coronary artery bypass surgery or PCI [9]?

Finally, the concept of transcatheter mitral valve repair [10] and aortic valve replacement [11] will likely fill the next decade's research. This will likely be both a revolutionary and evolutionary process towards another 'Holy Grail'.

Welcome to another great issue of *Interventional Cardiology*!

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