



Cardiovascular interventions: pushing the limits

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This issue of *Interventional Cardiology* is full of thought-provoking articles that highlight several of the current concerns we face in interventional patient care.

In considering how we treat our patients and particularly which patients and lesions we should approach, Caputo has eloquently presented data surrounding percutaneous revascularization of chronic total occlusions of coronary arteries [1]. These are often very challenging lesions to approach. He discusses reasons to approach these lesions and technical considerations to improve procedural success.

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Acute and long-term outcomes with treating coronary artery disease are approached from multiple angles in this issue. Cilingiroglu and Bailey discuss how drug-eluting stents can impair endothelial function [2]. The consequences of such are only now being called to our attention. The role of rheolytic thrombectomy is explored by Petronio, Bellini and De Carlo in patients with an acute myocardial infarction [3].

Bibliography

- 1 Caputo RP: Current considerations regarding the percutaneous revascularization of chronic total coronary occlusions. *Interv. Cardiol.* 2(1), 37–43 (2010).
- 2 Cilingiroglu M, Bailey SR: Effect of drug-eluting stents on endothelial dysfunction. *Interv. Cardiol.* 2(1), 45–56 (2010).
- 3 Petronio AS, Bellini F, De Carlo M: Rheolytic thrombectomy: any role left? *Interv. Cardiol.* 2(1), 57–65 (2010).

Extending this concept further, the benefits of coronary revascularization in stable patients presenting over 12 h from their myocardial infarction. This is a fascinating area of patient care and Appleton, Biondi-Zoccai and Abbate do a great job of presenting both sides of the debate [4]. Finally, a cogent discussion of the management of restenosis after drug-eluting stent placement for unprotected left main disease is presented by Sillano, Infantino, Biondi-Zoccai and Sheiban [5].

There is also a review on noncoronary interventions as well. Ko, Walker and Mullen review the anatomic considerations surrounding successful PFO closure [6].

We hope that you find this issue as exciting as we do. We anxiously await the next one.

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- 4 Appleton DL, Biondi-Zoccai GGL, Abbate A: Benefits of coronary revascularization in stable patients in the short and long term after acute myocardial infarction. *Interv. Cardiol.* 2(1), 67–76 (2010).
- 5 Sillano D, Infantino V, Biondi-Zoccai G, Sheiban I: Management of restenosis after drug-eluting stent placement for unprotected left main disease. *Interv. Cardiol.* 2(1), 77–84 (2010).
- 6 Ko R, Walker NE, Mullen MJ: Different patent foramen ovale closure techniques in varying anatomies. *Interv. Cardiol.* 2(1), 85–95 (2010).



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