



CARDIOLOGY Special Issue

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ON BEHALF of the Department of Cardiology, I am pleased to write these introductory comments for this issue of the *Cleveland Clinic Journal of Medicine*. Although my colleagues have been regular contributors to our journal, the last time an entire issue was devoted to articles from our Department of Cardiology was in 1976, when the title of this publication was the *Cleveland Clinic Quarterly*. The proceedings of international symposia sponsored by The Cleveland Clinic Foundation have constituted entire issues twice: "The First Decade of Bypass Graft Surgery for Coronary Artery Disease" in 1978 and "A Generation of Coronary Arteriography" in 1980.

The articles in this issue of the *Cleveland Clinic Journal of Medicine* highlight current thinking on the treatment of coronary artery disease, ultrasound imaging of valvular heart disease, congenital problems including Wolff-Parkinson-White syndrome and Ebstein's anomaly, pericardial disease, myocardial disease, and pitfalls of a multicenter study of drug treatment for arrhythmias. This is only a small reflection, not only of the rapidly expanding technology involving diagnosis and treatment of heart disease, but of the scope of interests represented by our Department of Cardiology at the Cleveland Clinic.

Dr. William Proudfit, Emeritus Chairman of the Department of Clinical Cardiology, thoughtfully evaluates recent comparisons of medical and surgical treatments for patients with coronary artery disease and critically evaluates recent randomized trials. He also comments on some of the difficulties with the comparative analysis of balloon angioplasty.

Three papers deal with coronary angioplasty: Dr. Conrad Simpfordorfer and colleagues review the Cleve-

land Clinic experience with angioplasty in young adults; Dr. E. Murat Tuzcu et al review experience with percutaneous transluminal coronary angioplasty in patients with a unique "shepherd's crook" of the right coronary artery; and Dr. Ruben Trono and associates report the potential for atheroembolism with angioplasty of saphenous vein grafts. Dr. William L. Chin et al round out these three papers by describing the limitations of dipyridamole-thallium stress testing to screen for coronary artery disease in patients who are unable to undergo standard stress testing because of symptomatic arteriosclerosis obliterans.

Issues in ultrasound imaging are the subject of two contributions: Dr. Ernesto E. Salcedo and colleagues present a detailed analysis of determinants of left ventricular hypertrophy in patients with aortic stenosis, and Dr. Paul N. Casale and colleagues illustrate the superiority of transesophageal echocardiography over the precordial approach in evaluating candidates for balloon mitral valvuloplasty for a possible mural thrombus.

Drs. Proudfit and Richard Sterba present results of a long-term follow-up study of patients with Wolff-Parkinson-White syndrome and the factors associated with mortality; this is complemented by the report of Dr. Martin Masterson et al on the results of surgical ablation in 35 patients with the pre-excitation syndrome.

Ebstein's anomaly is the subject of a review by Dr. Tuzcu and associates of 30 patients seen at the Cleveland Clinic and the follow-up after medical or surgical treatment. Dr. Douglas D. Mair of the Mayo Clinic offers a companion editorial comparing his experience with ours and describing the current surgical approach at his institution.

Drs. William A. Schiavone and Thomas W. Rice pre-

sent four illustrative cases of patients with common diseases of the pericardium, describing clinical recognition, prognosis, and choices of treatment. Dr. Robert E. Hobbs and colleagues discuss results of treatment with immunosuppressive therapy for patients with lymphocytic myocarditis.

An editorial by Dr. James D. Maloney highlights the problems of multicenter studies in evaluating antiarrhythmic therapy, with particular reference to the problems encountered with encainide and flecainide by the recent Cardiac Arrhythmia Suppression Trial

(CAST).

These articles reflect the expanding horizons in the management of patients with cardiovascular disease. New technology has improved the safety and accuracy of diagnosis, as well as the spectrum of therapeutic alternatives. The cost implications are obvious.

Our aim in disseminating information on current concepts in this fashion is to place readers in a better position to assess relative merits and deficiencies of the diagnostic and therapeutic choices available in clinical practice.

