



Imaging and Intervention in Cardiology (Developments in Cardiovascular Medicine)

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Less than 18 years have passed since the first coronary balloon angioplasty was performed in September 1977 by Andreas Gruntzig. In 1993, 185700 coronary angioplasties were performed in Europe and in many European countries, percutaneous transluminal coronary angioplasty is the most common method of myocardial revascularization, well ahead of coronary bypass surgery. This explosive growth of interventional cardiology results from major technological advances. The balloons have been markedly improved with a better profile, excellent trackability, and good pushability. The steerable guide wires are excellent and can reach the most difficult and the most distal parts of the coronary tree. The guiding catheters offer excellent support and good back-up in the ostium. Meanwhile, new tools have been proposed and designed for a "lesion specific" approach. Coronary stenting which is the "second wind" of angioplasty has dethroned most of the so-called new tools and stents are currently implanted in 30-60% of cases. Similar developments have occurred in the field of mitral valvuloplasty, ablative techniques in electrophysiology, and in the field of interventions in congenital heart disease. However, these advances would not have been possible without the concomitant development of cardiac imaging. For many interventions, cardiac imaging is an necessary pre-requisite: 1. Imaging is mandatory to identify the lesions needing an intervention. Coronary bypass surgery or angioplasty cannot be performed without prior coronary angiography. However, scintigraphic stress testing is also needed to identify perfusion defects in the area supplied by the diseased artery.

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