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Coronary Angiography An Introduction To Interpretation And Technique

Intravascular ultrasound (IVUS) is an

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Technique. This book provides a systematic introduction to coronary imaging with (IVUS). It is divided into two integrated and extensively cross-referenced parts, the Atlas and the Manual. The Manual describes the rationale, method, and interpretation of

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IVUS imaging for
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Here's a source of guidance on the analysis of the hemodynamic waveforms generated in the cardiac catheterization lab. It progresses from a review of basic monitoring principles and normal waveforms through an assessment of the waveform data associated with the full

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range of individual coronary diseases, providing the assistance needed to accurately interpret any findings encountered in practice. Its extremely clinically oriented approach makes it an ideal hands-on tool for any clinician involved in diagnosing cardiac problems using interventional cardiology.

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Quantitative coronary angiography has become an invaluable tool for the interventional cardiologist, providing objective and reproducible measurements of coronary artery dimensions, which can be used to study progression or regression of coronary atherosclerosis, as well as the immediate and long term

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effects of percutaneous interventions. Until recently, this powerful imaging technology was confined to a small number of so-called high level institutions. Fortunately, with the development of digital cardiac imaging equipment and adaptation of cine-angiographically based computer

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software for on-line use in the catheterization room, quantitative coronary angiography is now available to all interventionalists. This book is a timely guide for the impending QCA user, providing practical as well as theoretical and scientific information. A comprehensive evaluation of the clinical

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usefulness of QCA is covered, from the fundamental principles through experimental validation studies, application to clinical trials of a wide range of pharmacological and interventional therapies in the full spectrum of clinical presentation of coronary disease syndromes, evaluation

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of the therapeutic efficacy of various new devices for coronary intervention, together with extensive presentation of its physiological, functional and anatomical correlations, by comparison with other intracoronary measurement and imaging techniques. In addition, evolving theories and concepts in the ever topical

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'restenosis phenomenon' after percutaneous intervention, based on serial QCA studies, are presented and discussed and a potentially unifying methodological approach to further study of this ubiquitous problem is offered. This book, thanks to the collaboration of many experts in the field of intracoronary

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imaging and measurement, provides stimulating, interesting and practical information, both for the academic scientist and practising clinician.

Ideal for cardiologists who need to keep abreast of rapidly changing scientific foundations, clinical research results, and evidence-based medicine,

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Braunwald's Heart Disease is your indispensable source for definitive, state-of-the-art answers on every aspect of contemporary cardiology, helping you apply the most recent knowledge in personalized medicine, imaging techniques, pharmacology, interventional cardiology, electrophysiology, and much

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more! Practice with confidence and overcome your toughest challenges with advice from the top minds in cardiology today, who synthesize the entire state of current knowledge and summarize all of the most recent ACC/AHA practice guidelines. Locate the answers you need fast thanks to a user-friendly, full-color

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*guidelines covering Diseases of the
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Diabetes and the Cardiovascular System,
Heart Failure, and Valvular Heart
Disease. Stay abreast of the latest
diagnostic and imaging techniques and
modalities, such as three-dimensional
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Artery Disease

Atherosclerotic Plaque
Characterization Methods Based
on Coronary Imaging provides a
complete review of computer
methods for atherosclerotic
plaque reconstruction and

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characterization. The authors, with their expertise from biomedical engineering, computer science, and cardiology, offer a holistic view. The focus of the book is on the presentation of major imaging

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techniques, including their limitations. It includes details on the mechanical characterization and properties of plaques and appropriate constitutive models to describe the mechanical behavior of plaques. The authors

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explore the challenges of using multiple coronary imaging technologies, and provide the pros and cons of invasive vs. non-invasive techniques.

Methods for plaque
characterization and 3D

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reconstruction of coronary arteries using IVUS, OCT, and CT images are described. This book will help readers study new trends in image processing analysis and plaque characterization, implement

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automated plaque
characterization methodologies,
understand coronary imaging
drawbacks, and comprehend 3
dimensional coronary artery and
plaque reconstruction methods.
Describes the multimodality

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imaging techniques that are commonly used in the diagnosis of arterial diseases, including intravascular ultrasound, optical coherence tomography, angiography, computed tomography angiography, and

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magnetic resonance
angiography Discusses in-depth
the computational methods
which can be used for the
detection of different plaque
types Explores plaque in 3D
reconstruction methods and

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plaque modeling approaches
Considerable advances have
been made in cardiology during
the last few decades. In
particular, there has been great
progress in the field of coronary
angiography both when

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combined with, and without, computed tomography (CT) and magnetic resonance (MR) imaging. These techniques of modern imaging allow the cardiologist and coronary surgeon to study every cardiac

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structure in detail, both two- and three-dimensional and from either side, to analyze the movements of the heart and valves, and to observe myocardial circulation and even myocardial metabolic processes.

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However, coronary heart disease, a multifactorial illness of the coronary vessels, still remains the most common cause of death in developed countries. In addition to the large group of patients suffering from coronary

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heart disease, there is a smaller group of children and adults who are in need of open heart surgery and, most frequently, valve surgery. A very small number of individuals suffering from Wolff-Parkinson-

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White syndrome still await competent surgical intervention. These three groups of patients have in common that, for them, meticulous preoperative diagnostics and preparation for surgery are urgently required.

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Any open heart surgeon who carries out procedures in the coronary or interventricular grooves or on the atrial walls of the heart must take the normal and anomalous origins, courses, and terminations of cardiac

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vessels into consideration.

Therefore, with the availability of precise anatomical and physiological data, operation time will be shortened, operative risks will diminish, and the safety of the operation for the patient will

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be greater.

The rapidly growing population of adults surviving with congenital heart lesions along with the success of interventional cardiology in the child and adolescent has spawned an

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incredible interest in adapting the technology for the adult congenital patients. Dr. Mullins, a pioneer in this area, has written an outstanding reference which covers all aspects of performing diagnostic and therapeutic

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cardiac catheterization
procedures on patients of all
ages. This illustrated book
details the equipment and
techniques for performing safe
and successful procedures, with
a strong emphasis on avoiding

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complications. It also includes the requirements of a catheterization laboratory for congenital heart patients, as well as guidance for setting up and operating such a laboratory. Cardiac Catheterization in

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Congenital Heart Disease serves
as an essential manual for
pediatric and adult interventional
cardiologists worldwide.

Acquire a thorough
understanding of cardiac
imaging! "I believe radiologists,

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cardiologists, and clinicians, as well as trainees, will find The Complete Guide to Cardiac CT to be an indispensable tool for learning the subject matter....It is practical in approach, but is solidly grounded in evidence-

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based medicine with a
comprehensive review of the
literature and timely references.
The textbook provides an ideal
resource for the cardiac imager
and serves as an exceptional
reference tool for understanding

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the anatomy and disease
processes of the heart and
coronary circulatory
systems."--Theresa C. McLoud,
MD, Dept. of Radiology,
Massachusetts General Hospital,
and Professor of Radiology,

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Harvard Medical School (from
the foreword) Based on the
popular review courses of
educator and radiologist Dr.
Simeon Abramson, The
Complete Guide to Cardiac CT is
a timely, hands-on learning

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tool—one that will help you master every important aspect of cardiac CT, from acquisition to interpretation. This unique guide translates complex concepts and topics into understandable, relevant subject matter and

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includes contributions from international leaders in cardiac CT. Designed for the practical, day-to-day application of cardiac CT, the text also serves as a comprehensive visual resource more than 1000 laser-precise

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images and illustrations, all of which reflect the latest clinical acumen and cardiac imaging technology. FEATURES Focuses on the recognition, identification, and comprehension of heart and

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coronary circulatory pathology
Valuable to clinicians at any
experience level Logical 4-part
organization consists of:
Technology section that
encompasses coronary CT
angiography technique, radiation

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concepts, and successful application of radiation dose reduction tools—plus a detailed review of strategies for overcoming suboptimal examinations, complete with case examples. Coronary

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Arteries section that thoroughly examines plaque detection and characterization, stenosis assessment, stents and bypass grafts, and assessment of coronary artery anomalies.

Beyond the Coronary Arteries

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details cardiac CT anatomy;
myocardial, pericardial and
valvular pathology;
electrophysiology applications;
and congenital heart disease in
both pediatric and adult
populations. Controversial topics

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focuses on the utilization of cardiac CT in the acute setting, institution of the triple rule-out protocol, and anatomic versus physiologic imaging with Rubidium PET/CT/ Helpful pedagogy includes numerous

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tables, diagrams, figures, and
illustrations

Quantitative Coronary
Angiography in Clinical Practice
Pocket Guide to Diagnostic
Cardiac Catheterization
Cardiovascular Disability

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Coronary Angioplasty
An Introduction

Diagnostic coronary angiography
This second edition is adheres
to the guiding principles of the
first edition while serving as a
useful and up to date manual

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on the theory, performance and application of CCTA. Since the publication of the first edition of this work, cardiac CT angiography (CCTA) has come a long way. It is now a main stream, well established

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cardiac diagnostic imaging modality with wide spread acceptance and application. Coronary angioplasty is a procedure used to widen blocked or narrowed coronary arteries, the main blood

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vessels supplying the heart.

The term 'angioplasty' means using a balloon to stretch open a narrowed or blocked artery.

However, most modern angioplasty procedures also involve inserting a short wire-

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mesh tube, called a stent, into the artery during the procedure. The stent is left in place permanently to allow blood to flow more freely (NHS Choices). This book is a complete guide to the practice

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of coronary angioplasty for practising cardiologists and trainees. Beginning with an introduction to the evolution of the technique and the fundamentals of stent design, each of the following chapters

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provides in depth detail on angioplasty procedures for different disorders. The final sections discuss potential complications, rehabilitation, outcomes, and the future of angioplasty. This

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comprehensive text is highly illustrated with clinical photographs, diagrams and tables to enhance learning. Key Points Comprehensive guide to coronary angioplasty for clinicians and trainees

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Describes the complete
evolution of the technique,
from its beginnings to future
developments Covers
angioplasty procedures for
many different disorders Highly
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photographs, diagrams and
tables

This atlas is a practical and fully illustrated guide to the use of intravascular OCT in diagnosis and treatment of coronary artery disease. It

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consists of two parts. The first part of the book provides a systematic introduction to coronary imaging with OCT. It describes how to interpret images and describes abnormal findings seen in

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atherosclerosis, complications after intervention, and stent assessment. The second part of the book presents real-life case studies that show how OCT is used in clinical practice in Mount Sinai to assess the

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disease, select appropriate treatment, and evaluate complications and results. Each case includes a brief clinical history, procedure summary, angiography and OCT images, including video material, and a

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discussion of how OCT affected the clinical decision-making process.

This book is open access under a CC BY 4.0 license. This quick-reference handbook offers a concise and practical review of

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key aspects of the treatment of
ST-segment elevation
myocardial infarction (STEMI)
in the era of primary
percutaneous coronary
intervention (PPCI). In the
context of STEMI, PPCI is the

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preferred mode of emergency revascularization. Access to PPCI is rapidly increasing and is now routinely practiced in both general and specialist hospitals and there has been a recent emphasis on developing STEMI

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networks to enhance and expedite the referral pathway. This coupled with concurrent developments to enhance the safety and efficacy of the PPCI procedure has heralded an era where STEMI interventions are

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increasingly considered an important subspecialty within interventional cardiology.

Written by leading cardiologists who have been instrumental in the adoption of PPCI in their respective institutions, the

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book provides junior and senior cardiologists alike with insightful and thought-provoking tips and tricks to enhance the success of PPCI procedures, which may in turn translate into direct

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improvements in outcomes.

The book is also relevant for
healthcare providers and
emergency department
physicians.

The Cath Lab

CT of the Heart

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Physiological Assessment of
Coronary Stenoses and the
Microcirculation

Braunwald's Heart Disease E-
Book

Coronary CT Angiography
A Step-by-Step Approach

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This atlas presents over 160 illustrations, with 116 in color, and illustrates the capacity of multidetector CT for the analysis of the anatomy of the coronary arteries. The multidetector CT scanner speeds diagnosis and treatment of

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patients. One of its many uses is to perform CT coronary angiography. Multidetector CT provides clear pictures and takes less time than other non-invasive techniques. The book is written by cardiologists and radiologists.

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Since the introduction of coronary angiography, a key technique in understanding coronary artery disease, a number of paradigms regarding its study and interpretation have taken place. Following an emphasis on improved angiographic

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and subsequent intracoronary imaging techniques, functional assessment of coronary circulation has demonstrated to have major implications for diagnosis and treatment of coronary artery disease. Fractional flow reserve, a pressure

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derived index of stenosis severity, constitutes the best example of the current importance of physiological assessment in clinical practice.

However, the acceptance of FFR by cardiologists contrasts with important voids in knowledge on the

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basic principles of coronary physiology and of other available techniques that, as an alternative to FFR, allow a more comprehensive assessment of coronary circulation. This is particularly noticeable in the assessment of microcirculation, an

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unavoidable compartment of coronary circulation that is frequently affected in acute coronary syndromes of in the presence of cardiovascular risk factors or non-coronary heart disease. A deeper understanding of the relationship

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between epicardial vessel and microcirculatory involvement has started with the advent of newer imaging techniques like invasive optical coherence tomography, and non-invasive CT and NMR techniques. This book aims to be an

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indispensable tool for clinicians and
researches in the field of coronary
artery disease. It provides a
balanced, comprehensive review of
anatomy, physiology and available
techniques, discusses both the
diagnosis of epicardial vessel and

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microcirculatory disease, the impact of different diseases at different levels of coronary circulation, and the best way to address a separate or combined assessment of different levels of coronary circulation. Coronary CT angiography has

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attained increasing scientific attention at academic institutions and has become a highly accurate diagnostic modality. Extending this knowledge into a practice setting is the purpose of "Coronary CT Angiography". This book will assist

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you in integrating cardiac CT into your daily practice, while also giving an overview of the current technical status and applications. The specific features of scanners from all four main vendors are also presented providing an objective overview of

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noninvasive coronary angiography
using CT.

Prepare yourself for success with
this unique cardiology primer which
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require and presents it in an easily
digestible format. Provides

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cardiologists with a thorough and up-to-date review of cardiology, from pathophysiology to practical, evidence-based management. Abla synthesizes pathophysiology fundamentals and evidence based approaches to prepare a physician

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for a subspecialty career in cardiology Clinical chapters cover coronary artery disease, heart failure, arrhythmias, valvular disorders, pericardial disorders, and peripheral arterial disease Practical chapters address ECG, coronary

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coverage of clinical trials Review

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questions at the end of each chapter help clarify topics and can be used for Board preparation - over 375 questions in all!

Primary Angioplasty

The Clinical Anatomy of Coronary Arteries

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The Interventional Cardiac
Catheterization Handbook E-Book
Cardiac Catheterization and
Coronary Intervention
PanVascular Medicine
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Division Introductory Guide to
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*In recent years there has been
an increasing interest in
quantitative analysis of
coronary cineangiograms and
already for a longer time of left*

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ventricular cineangiograms.

The need for

quantitation of coronary

arterial dimensions has been

stimulated by the introduction

of new therapeutic procedures

in the catheteriza

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*tion laboratory, such as the
balloon dilatation technique
(PTCA) and thrombolytic
therapy, by the need to study
the vasoactive responses of
pharmaceutical agents, and
also by the desire to study the*

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*progressive nature of coronary
artery disease with the ultimate
goal to find ways to bring a halt
to the progression of coronary
atherosclerosis or even achieve
regression of the disease.*

Parallel with these clinical

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*developments, rapid technical
developments in
computer architectures and
semiconductor memories have
made it possible to digitize and
store cineframes or selected
portions thereof in image*

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processors and to analyze these pictorial data quantitatively at affordable prices. More than 15 years of research have been directed by various groups towards the semi- or fully-automated delineation of the

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left ventricular boundaries on a frame-to-frame basis. Yet not a single system with fully-automated capability is commercially available. In the mean time many different left ventricular wall motion models

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have been developed, again with little consensus on which model is to be preferred as no golden standard exists.

"The staff in every catheterization laboratory in the world participates in some

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form of hazing. Although largely benign and expected, this ritual can place even more stress on an already unsettled and insecure newcomer. The first edition of this manual was spearheaded by cardiology

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fellows who remembered well what it was like to enter the cath lab for the first time. Now, several years later, these 'hazees' have in many cases become the 'hazers' but the additional experience and

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responsibility has allowed for a more comprehensive and updated manual. Our goal is to produce a thoroughly practical and easily accessible manual for physicians, physicians-in-training, nurses, cath lab x-ray

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*techs, mid-level providers and
students. Since we have been
subjected to years of questions,
first from our mentors and now
from our students, we are
acutely familiar with the most
pertinent and necessary data*

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for any student no matter the level of training. The manual remains specifically designed with an easy-to-read format that includes highlighted 'pearls,' updated American College of Cardiology/American Heart

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Association (ACC/AHA)

guidelines, numerous visuals including carefully delineated schematics of standard coronary projections, and special 'troubleshooting' notes that provide potential

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*solutions for frequently
encountered*

*problems"--Provided by
publisher.*

*Vascular management and care
has become a truly
multidisciplinary enterprise as*

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*the number of specialists
involved in the treatment of
patients with vascular diseases
has steadily increased. While in
the past, treatments were
delivered by individual
specialists, in the twenty-first*

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*century a team approach is
without doubt the most
effective strategy. In order to
promote professional excellence
in this dynamic and rapidly
evolving field, a shared
knowledge base and*

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*interdisciplinary standards
need to be established. Pan
Vascular Medicine, 2nd edition
has been designed to offer such
an interdisciplinary platform,
providing vascular specialists
with state-of-the art descriptive*

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and procedural knowledge.

Basic science, diagnostics, and therapy are all comprehensively covered. In a series of succinct, clearly written chapters, renowned specialists introduce and comment on the current

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*international guidelines and
present up-to-date reviews of
all aspects of vascular care.*

*Quantitative Coronary and Left
Ventricular Cineangiography*

Coronary Artery Disease

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*Interpretation and Technique
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***by step through every
interventional procedure you're
likely to perform.***

***This book is a comprehensive and
richly-illustrated guide to cardiac
CT, its current state,
applications, and future
directions. While the first edition***

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of this text focused on what was then a novel instrument looking for application, this edition comes at a time where a wealth of guideline-driven, robust, and beneficial clinical applications have evolved that are enabled by an enormous and ever growing

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***field of technology. Accordingly,
the focus of the text has shifted
from a technology-centric to a
more patient-centric appraisal.
While the specifications and
capabilities of the CT system
itself remain front and center as
the basis for diagnostic success,***

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much of the benefit derived from cardiac CT today comes from avant-garde technologies enabling enhanced visualization, quantitative imaging, and functional assessment, along with exciting deep learning, and artificial intelligence

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applications. Cardiac CT is no longer a mere tool for non-invasive coronary artery stenosis detection in the chest pain diagnostic algorithms; cardiac CT has proven its value for uses as diverse as personalized cardiovascular risk stratification,

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prediction, and management,
diagnosing lesion-specific
ischemia, guiding minimally
invasive structural heart disease
therapy, and planning
cardiovascular surgery, among
many others. This second edition
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reference for both novices and experts in the medical imaging sciences who have an interest in cardiac CT.

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catheterization, and appeals to seasoned practitioners, residents and cardiology fellows. This title reflects the rapid evolution and growing clinical use of hemodynamic data and of imaging and interventional techniques.

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**Transplant Coronary Artery
Disease**

**Atlas of Cardiac Catheterization
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*Coronary artery disease
(CAD) is the leading cause
of mortality in Scotland*

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*(population 5.2 million),
accounting for around 9000
deaths each year. Accurate
diagnosis of the presence
and extent of CAD is
essential to guide
management. Invasive*

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coronary angiography (I-CA) is the gold standard diagnostic investigation but is associated with a small risk of significant vascular complications. Over the last decade multi-

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*slice computed tomography
coronary angiography (MSCT-
CA) has emerged as a non-
invasive imaging modality
capable of visualising the
coronary arteries.*

Incremental advances in

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scanner technology have greatly improved the accuracy of MSCT-CA in comparison to I-CA.

Implementation of MSCT-CA in routine clinical practice in Scotland is

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*desirable in terms of
patient safety and
convenience in addition to
reducing pressure on
cardiac catheterisation
laboratory time. The
latter is particularly*

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relevant considering the recent introduction of primary percutaneous intervention for myocardial infarction. However, at the time of conducting this study the

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evidence for MSCT-CA accuracy was limited and only minimal guidance on appropriate use of MSCT-CA was available.

Furthermore, the majority of existing evidence for

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MSCT-CA accuracy was derived from specialist academic centres with substantial experience in the technique and the accuracy of MSCT-CA in smaller centres with

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variable expertise and a more heterogeneous population was unknown. The aim of this prospective, comparative study was to determine the accuracy of MSCT-CA in

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*comparison to I-CA for the
detection of significant
CAD in patients presenting
to a district general
hospital in Scotland and
to consider the health
economic implications of*

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*introducing MSCT-CA into
routine clinical practice.
One hundred patients with
suspected CAD on the basis
of symptoms and non-
invasive stress testing
underwent both 40-Slice*

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*MSCT-CA and I-CA. Studies
were reported by
independent, blinded
radiologists and
cardiologists and compared
using the 15-Segment model
of the American Heart*

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Association. A stenosis of $\geq 50\%$ was considered significant. The accuracy of MSCT-CA was determined in patient-based, artery-based and segment-based analyses and the impact of

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various patient characteristics on image quality and diagnostic accuracy was evaluated. Inter-observer agreement was determined for both MSCT-CA and I-CA and the

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possibility of a "learning curve effect" investigated. The cost-effectiveness of an "MSCT-CA first" strategy was considered in a health economic analysis. The

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*primary analysis
considered MSCT-CA
accuracy on a per patient
basis. Patient prevalence
of significant CAD was
38%. Patients with MSCT-
CAs deemed not fully*

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*evaluable were included
and considered to have
significant underlying
CAD. This strategy was
considered clinically
relevant as in practice a
patient with an*

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unevaluable MSCT-CA would proceed to I-CA for definitive diagnosis. This work demonstrated that 40-Slice MSCT-CA has a high sensitivity (92%) and a high negative predictive

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value (NPV) (91%) for the detection of significant CAD on a per patient basis. Specificity and positive predictive value (PPV) were less impressive and significantly

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*compromised by the
inclusion of patients with
scans considered not fully
evaluable by MSCT-CA. On
segment-based and artery-
based analyses
respectively, distal*

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segments were more often unevaluable than proximal segments owing to their smaller size, and the right coronary and circumflex arteries were the arteries most often

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unevaluable, likely due to their higher mobilities.

Heart rate during MSCT-CA was not optimally controlled with oral beta blockers and rate limiting calcium channel blockers.

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The mean number of MSCT-CA evaluable segments per patient was significantly higher in the lower heart rate group. More than half the study population had coronary artery

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*calcification and there
was a non-significant
trend towards more
unevaluable segments in
this patient group.*

*Coronary artery
calcification had the*

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*effect of reducing NPV
while increasing PPV. One
third of the study
patients were obese and a
non-significant trend
towards an increasing
number of unevaluable*

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*segments with increasing
body mass index was
observed. Pre-test
probability of significant
underlying CAD was
determined by the Duke
Clinical Score. Fifty-nine*

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per cent of patients had a low-intermediate pre-test probability and 41% a high pre-test probability of CAD. The prevalence of significant CAD in the high pre-test probability

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*group and the low-
intermediate pre-test
probability group was 73%
and 14% respectively.
Correspondingly, the
sensitivity and PPV of
MSCT-CA were higher in the*

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high pre-test probability group while specificity and NPV were lower. Inter-observer agreement of the MSCT-CA reporters was substantial and comparable to that of the I-CA

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*reporters in the patient-
based analysis. A small
observed improvement in
MSCT-CA reporter
diagnostic specificity
during the study was not
statistically significant.*

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This study demonstrated MSCT-CA to be cost effective in the detection of significant CAD in a patient population with low-intermediate pre-test probability and hence

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fairly low prevalence of disease. Savings would be increased with improved MSCT-CA specificity. A strategy of screening patients being considered for I-CA on the basis of

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their risk level and referring 'low-intermediate risk' cases for MSCT-CA could affect around 60% of patients currently referred for diagnostic I-CA in North

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*Glasgow and subsequently
avoid I-CA in at least
half of these patients. To
permit the development of
an effective MSCT-CA
service future work must
focus on ensuring*

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appropriate training for those performing and reporting MSCT-CA and on the development of local guidelines to govern patient selection for MSCT-CA. Audit of MSCT-CA

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referrals could determine the extent of adherence to guidelines. Further research could be observational in nature with follow-up of patients who have MSCT-CA and are

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then referred for I-CA and also follow-up of patients with "negative" MSCT-CA who do not have subsequent I-CA in terms of subsequent cardiac events. Coronary angiography is

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used to investigate the anatomy of the coronary arteries and to assess the number, location and severity of possible coronary stenoses. In the case that a significant

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stenosis is found it is possible at the same time to perform a therapeutic intervention, i.e. balloon angioplasty (also using a drug-eluting balloon) and, if needed, insertion of a

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*metal mesh (bare-metal or
drug-eluting stent) to
secure the patency of the
vessel.*

*Cardiovascular and
Coronary Artery Imaging,
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*the-art approaches for
automated non-invasive
systems in early
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diagnosis. The book
includes several prominent
imaging modalities, such*

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as MRI, CT and PET

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important to biomedical
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machine learning, deep
learning and reinforcement
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*highlights areas that
still need improvement
An atlas on coronary
artery anomalies, this
text provides a guide to
the complex morphology
that is essential to the*

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*understanding of coronary
Technique
artery disease. The book
features a variety of
cases - with illustrative
angiograms and diagrams -
that demonstrates all
possible anomalies and*

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*clarify what is abnormal.
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clinical information,
angiographic findings,
other diagnostic material
and a discussion.*

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Multidetector Computed*

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reference of essential material.
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and technical versatility of the
multipurpose catheter in cardiac
catheterization—a technique
developed, taught, and learned

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over many generations in the
cardiac catheterization
laboratories at Emory University.
The Social Security
Administration (SSA) uses a
screening tool called the Listing
of Impairments to identify

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claimants who are so severely impaired that they cannot work at all and thus immediately qualify for benefits. In this report, the IOM makes several recommendations for improving SSA's capacity to determine

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disability benefits more quickly and efficiently using the Listings. In the intervening 10 years tremendous advances in the field of cardiac computed tomography have occurred. We now can legitimately claim that computed

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tomography angiography (CTA) of the coronary arteries is available. In the evaluation of patients with suspected coronary artery disease (CAD), many guidelines today consider CTA an alternative to stress testing.

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The use of CTA in primary prevention patients is more controversial in considering diagnostic test interpretation in populations with a low prevalence to disease. However the nuclear technique most

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frequently used by cardiologists is myocardial perfusion imaging (MPI). The combination of a nuclear camera with CTA allows for the attainment of coronary anatomic, cardiac function and MPI from one piece of

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equipment. PET/SPECT cameras can now assess perfusion, function, and metabolism. Assessing cardiac viability is now fairly routine with these enhancements to cardiac imaging. This issue is full of

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