

Preface

This book has a past. Its various editions parallel the growth of stress echocardiography within the scientific community and the clinical arena. The first edition in 1991 consisted of 100 pages, which increased to 200 in the second (1994), 300 in the third (1997), nearly 500 pages in the fourth, and finally more than 600 in the current fifth edition. The general perception of stress echocardiography has changed in the cardiology community. No longer a promising innovation viewed with a mixture of suspicion and attraction, it is now an established technique with the huge potential to resolve the present paradox of saving health care money while at the same time improving diagnostic standards. In a cardiological climate where inappropriate, redundant, and often risky imaging examinations proliferate, stress echocardiography offers the great advantage of being relatively low cost, free of biohazards for the patient, and causing no ecological stress on the planet. By choice and by necessity, modern, responsible diagnosis with cardiac imaging must be economical, ecological, and therefore usually echocardiographic. Another major change has taken place in stress echocardiography laboratories during the last 5 years, making a new edition of the book mandatory. For a long time, the scope and application of stress echocardiography remained focused on coronary artery disease. In the last few years, it has exploded in its breadth and variety of applications, enjoying the tremendous technological and conceptual versatility that this technique offers. Nowadays, in the stress echocardiography laboratory we assess not only left ventricular function, but also coronary artery flow, valve gradients, intraventricular pressures, and pulmonary hemodynamics. We stress not only coronary arteries, but also the valves, myocardium, vessels, alveolar–capillary barrier in the lung, and peripheral and pulmonary circulation. Ten years ago, only patients with known or suspected coronary artery disease entered the stress echocardiography laboratory, and only regional wall motion was assessed. Now, we evaluate coronary artery disease as well as cardiomyopathy, valvular heart disease, children with congenital heart disease, and patients with incipient or advanced vascular disease. For each patient, we can tailor a dedicated stress with a specific method to address a particular diagnostic question. Thirty years ago, Harvey Feigenbaum – one of the founding fathers of modern echocardiography – stated that it is not possible to understand the cardiac patient without the help of resting transthoracic echocardiography. After 30 years, we can safely state that it is not possible to understand the cardiac patient without the help of stress echocardiography. The book was single authored in the first edition, and then enjoyed many distinguished contributors in its subsequent editions, up to the record number of 29 contributors in the present edition. They come from 15 countries spanning four continents and represent, in

my opinion, some of the best available knowledge and expertise in their respective fields. I am proud and honored that they accepted the invitation to be a part of this project. At the same time, I aimed to avoid the fragmentation, gaps, and inconsistencies of a multiauthor text; therefore, I painfully decided to draft the first version of each chapter – then asked for corrections, revisions, cuts, additions, and integrations from more knowledgeable contributors. To all of them and to the junior and senior colleagues who have worked with me over the last 30 years – far too many to be mentioned here – *grazie*.

Pisa, February 2009

Eugenio Picano



<http://www.springer.com/978-3-540-76465-6>

Stress Echocardiography

Picano, E.

2009, XXI, 612 p., Hardcover

ISBN: 978-3-540-76465-6