About the Editor

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Since 2002, Jan Paul Ottervanger has been a cardiologist in the Isala Klinieken (Zwolle, The Netherlands), a large (2000 percutaneous coronary interventions, 600 implantable cardioverter defibrillators per year) nonacademic hospital, and involved in interventional cardiology and intensive cardiac care. He is a fellow of the European Society of Cardiology, and has received accreditation for intensive coronary care of the European Society of Cardiology in 2010. He was involved in a number of research projects, which has resulted in approximately 200 Pubmed publications. He has been a copromotor (supervisor of writing thesis) of PhD students ten times. He was Chairman of the Cardiology Group from 2008 to 2012 and he has been Chairman of the Heart Lung Center of the Isala Klinieken since 2012.

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Foreword

The different faces of myocardial infarction

Jan Paul Ottervanger

Within the broad spectrum of cardiology, coronary artery disease and, in particular, myocardial infarction are the most important cardiac manifestations. However, myocardial infarction may have different faces. The first face is that of a killer, both in the past and nowadays. Still, worldwide, not only do thousands of people die every year owing to myocardial infarction, but in those surviving, many patients are invalidated by severe pump failure. The second face is that during the last few decades, a lot of knowledge has been accrued about atherosclerosis in general and the pathophysiology, epidemiology and treatment of myocardial infarction. This leads to the third face; the improvement in treatment. At the moment, we are able to change the prognosis of most patients with myocardial infarction. Therefore, the majority of patients now have an excellent prognosis, both regarding survival and quality of life. The final face of myocardial infarction has to do with the future. Although many improvements in diagnostics and therapeutics were realized, there is still a lot to do. Thousands of people do not have the appropriate diagnostics and treatment, and as a result there is still unnecessary morbidity and mortality. Sometimes, especially in developing countries, this may be due to financial causes. However, even with a (fast) diagnosis and optimal treatment, patients may still have severe damage of their heart due to myocardial infarction. We still have to improve both (early) diagnosis, including awareness of symptoms in the general population, and treatment. Future studies should also clarify which patients

should receive what treatment, for example, patient selection for implantable defibrillators after myocardial infarction.

In this book, the different faces of myocardial infarction are described by a wide range of international specialists in the field. All authors have summarized all current knowledge of this very important issue for both cardiology and medicine. In addition, particularly in developing countries with increasing incidence of myocardial infarction, such as in Asia, knowledge of all different faces of myocardial infarction should be encouraged, firstly for cardiologists and cardiologists-in-training, but also because fast diagnosis and appropriate treatment can have very important consequences for prognosis. All healthcare workers should have knowledge of the items described in this book.

Of course, this book can give only the current knowledge, and hopefully over the next few years, we should have a new edition, describing further improvement of both diagnosis and treatment of myocardial infarction.

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