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Vascular Medicine: A 'Primary' Specialty

Mark W. Mewissen, MD | Message from the Guest Editor

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Patients who suffer from vascular diseases present to their primary care physicians with an assortment of some of the most complex signs and symptoms. Continued advances in the diagnosis and treatment strategies at hand will undoubtedly result in improved lifestyle and prolonged survival for many. In this special themed issue of *Journal of Patient-Centered Research and Reviews*, for which I had the honor to serve as guest editor, our contributing authors address some of the latest advances in vascular medicine, thereby providing an educational and well-rounded snapshot of the current state of this important and ever-evolving field.

Not all patients should be initially subjected to expensive imaging tests such as computed tomography (CT) or magnetic resonance imaging. Duplex ultrasound has proved an indispensable and cheaper diagnostic tool that is readily available to all. In this issue, Fish et al. provide a comprehensive review of its current role not only for initial diagnosis, but also for surveillance of patients who have undergone complex revascularization procedures.¹

The subclavian vein has become a routine percutaneous entry site to insert a variety of cardiac devices. Although such procedures are lifesaving for many patients, the clinical presentation of arm swelling and pain that may result is not innocuous and is usually the result of a stenosis at the cardiac device entry site, or even complete thrombosis of the subclavian vein. In an extensive and comprehensive review of this important topic, Drs. Brian O'Leary and Suhail Allaqaband offer a well-illustrated safe and effective treatment using balloon angioplasty and stenting.²

Currently, most abdominal aortic aneurysms can be repaired with minimally invasive stent graft techniques. A persistent endoleak is a common finding seen on postoperative surveillance CT scans

that can pose a challenge for best management. For instance, can such an ailment be safely watched or should it be treated? And if treatment is recommended, what is the optimal strategy? On page 118, we review the contemporary management of endoleaks in addition to illustrating an innovative treatment technique that should capably equip interventionalists with a new approach for treating some of the most complex endoleaks.³

Liver transplantation is a common surgical procedure that can be complicated by stenosis at the hepatic arterial anastomosis. This potentially life-threatening condition can now be safely treated with low-profile guidewires and stent delivery catheters, obviating the need for difficult and high-risk open corrective surgery. On page 127, Parmar et al. describe in step-by-step detail how many tools developed for percutaneous coronary interventions also can be safely and effectively used in noncoronary vascular territories.⁴

One can clearly see the wide range of diseases, clinical presentations and anatomical regions that bridge the vascular sphere. Another serious health condition is aortic dissection, which mandates immediate diagnosis and treatment. In his review of changing paradigms in the treatment of acute type B aortic dissections, Dr. Eric Weiss discusses how newer endovascular treatment strategies are best used to optimize management.⁵ Likewise, novel oral anticoagulants are becoming popular management options for stroke prophylaxis in

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atrial fibrillation, deep vein thrombosis and pulmonary embolism treatment and prophylaxis; on page 139, Dr. Laith Alsayegh provides a comprehensive review of these new agents and helps sort out their benefits and best indications.⁶

In addition to comprehensive review articles addressing some of the latest innovations and options for diagnosis and treatment of vascular diseases, this issue also features an original research study⁷ and accompanying editorial⁸ reporting the respective merits of bypass graft surgery and angioplasty using drug-eluting stents in treating high-risk patients with coronary artery disease, a contemporary topic of debate among interventional cardiologists and cardiac surgeons.

As a vascular specialist, it is my hope this special issue will help enhance the care of the many patients who suffer from vascular diseases. It has been an honor to work with Editor-in-Chief Dennis Baumgardner and his support staff. We are deeply indebted to all who have so expertly contributed to this issue of *Journal of Patient-Centered Research and Reviews*.

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