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Foreword

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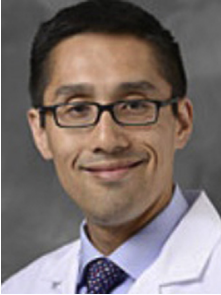
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FOREWORD



Marvin H. Eng, MD
Consulting Editor

We are pleased to introduce this issue of *Interventional Cardiology Clinics* discussing the state-of-the-art in ST-segment elevation myocardial infarction (STEMI). These patients present with a broad spectrum of clinical syndromes and sometimes have the highest acuity in the hospital. A major challenge in STEMI care is the time-sensitive relationship between treatment and outcomes, making STEMI as much a logistical as a technical and clinical management challenge.

Progress in STEMI management like most things is multifaceted. Keys to improvement in outcomes include patient's care systems, pharmacology, technical expertise, and postprocedural care. Given that the "chain of survival" involves so many providers, from emergency medical technicians, emergency room medical personnel to the interventional cardiologists, all need to coalesce together toward a common goal that is time and teamwork intensive. Aggressive pharmacologic agents have been refined in the past decade, and while STEMI cases can be the most hypercoagulable cases, care must be taken to avoid bleeding, an especially morbid scenario combined with a procoagulable state. A fraction of the

patients degenerate into cardiogenic shock and presents as an intense clinical dilemma. Reperfusion, pharmacology, hemodynamics, and use of mechanical circulatory support make STEMI-related cardiogenic shock one of the most challenging emergencies in medicine.

This issue of *Interventional Cardiology Clinics* has been edited by Dr Ravi S. Hira, an expert in treating coronary artery disease. We congratulate Dr Hira for assembling a comprehensive issue covering the entire gamut of issues associated with STEMI management. Readers should find this a valuable resource for improving STEMI care.

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