
Introduction

A previous issue of *Operative Techniques in Cardiac & Thoracic Surgery* was devoted to innovative approaches in the management of coronary disease, specifically the use of complex arterial grafting to achieve complete myocardial revascularization. In this issue we turn to the surgical management of complications of myocardial infarction excluding mitral valve dysfunction.

We begin with four separate descriptions of currently employed techniques for the repair of left ventricular aneurysm. The selection of authors includes, in two cases, the originators of the techniques described. Dr. Lynda Mickleborough begins the issue with a description of her modification of the classic linear closure technique in the management of anterior and posterior left ventricular aneurysms. Although linear closure has been successfully employed by many surgeons over the past four decades, the mid-1980s saw the development of several alternative approaches, all with the objective of obtaining reconstruction of left ventricular geometry rather than simple ablation of the aneurysmal portion of the ventricle. Three different techniques were developed independently and described essentially simultaneously. Jatene's geometric reconstruction with septal imbrication is described by Dr. James Cox. This is followed by an article from Dr. Vincent Dor which

describes his endoventricular circular patch plasty technique for the repair of both anterior and posterior aneurysms. Of note, this technique is also applicable to repair of ventricular septal defects. A similar but independently developed technique is then outlined by its originator Dr. Denton Cooley. Like Dor's repair, this technique is also applicable to the repair of anterior postinfarction ventricular septal defects.

The May issue concludes with two manuscripts focused on the repair of postinfarction ventricular septal defects. Dr. Willard Daggett, one of the pioneers in the surgical management of this condition, and his associate Dr. Joren Madsen, present in detail the traditional approaches to the correction of apical, anterior, and posterior ventricular septal defects. This is followed by Dr. Tirone David's description of his repair techniques for correction of these same conditions.

We are delighted that these authors agreed to contribute manuscripts to this issue of the journal. We feel that their manuscripts collectively cover the field of ventricular reconstruction comprehensively.

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