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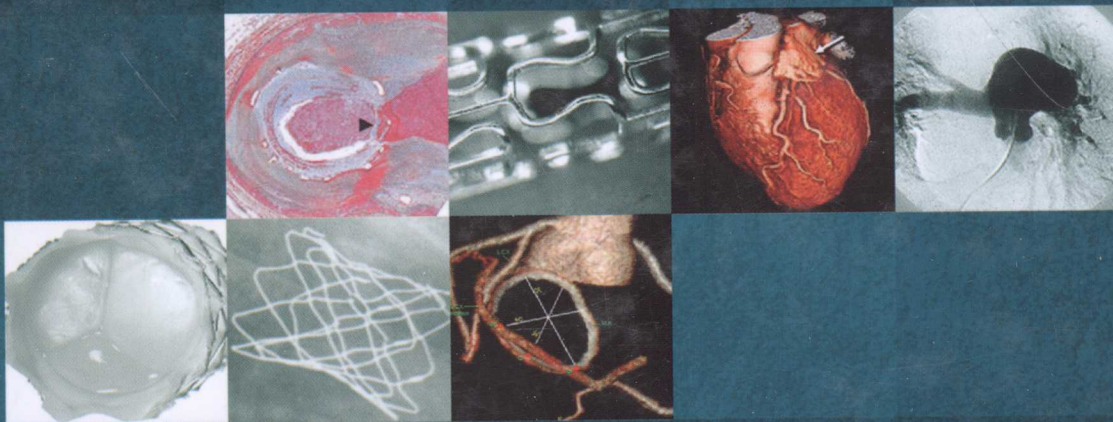
# 介入心脏病学

Textbook of Interventional Cardiology

(第5版)

主 编 Eric J. Topol

主 译 霍 勇 王伟民 高 炜



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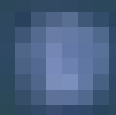
# 介入心脏病学

Textbook of Interventional Cardiology

第二版

主编 陈文成

副主编 王健、王健、王健、王健



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# 译者前言

我十分荣幸和我的同道们一起翻译了《Textbook of Interventional Cardiology》这篇巨著。

心血管疾病的经皮介入治疗被誉为心血管治疗学上的一场革命。在我开始行医至今的近三十年中，恰逢这场革命带来的心血管疾病预防和诊疗的巨变，我们同时代的人亲历其中，赞叹这场巨变带来的医学的发展。假如我们的医学先驱 William Harvey、Werner Forssman 等也能同我们一样目睹这场巨变，大概他们的震惊会超出我们的想象。《Textbook of Interventional Cardiology》是记录这场巨变的写照，它会让现代人回味这场巨变，会给后来人描述这场巨变。

关于作者，Eric J. Topol，他是世界上著名的心血管病学家，更是亲历心血管介入治疗发展的见证人，他是心脏科医生的典范，从技术至科学，从战术到战略，为带动这个学科发展做出了突出贡献。

关于本书，已是第五版了，但此版决不是前几版

简单的修订。仅从篇幅增加幅度之大就足以反映出其涵盖内容之广泛。更重要的是，本书集介入心脏病学理论和实践之大成，在基础理论、临床应用、器械更新、循证医学等方面，描述了介入心脏病学科的全貌，不愧一直被誉为介入心脏病学的经典教科书，本书第五版更是达到了一个新的高度。

感谢北京大学医学出版社提供给我学习和翻译这篇巨著的机会。感谢我所有参加翻译的同道们的辛勤劳动，尤其是北京大学三家医院的同道在组织和翻译方面所付出的更多艰辛，感谢高炜教授、王伟民教授、李建平教授、王贵松教授……，感谢所有人的贡献。

我相信译著出版之日，将看到我们辛苦换来的成就，必将为我国介入心脏病学的发展做出应有的贡献。更多的同道，以及将来的读者，会对我们有更多的感谢，这就是苦中求乐。

霍勇

己丑年底于北京

# 原著前言

《介入心脏病学》第五版较之前的版本做了彻底的大刀阔斧式的修订，该书拥有 30 多个新的章节，有 70 位新作者，全面涵盖了日益蓬勃发展的介入心脏病学领域的内容。

本版书的第一部分为“患者选择”，这部分是新增加的内容，而且其重要性日益增高。对于多种类型的患者亚组以及病变解剖学亚组，经皮介入治疗已经替代了外科手术，故评价其风险和受益是非常关键的。新章节还专门讨论了治疗基线时的动脉炎症反应，该反应对远期预后非常重要；新章节还讨论了功能性检查，特别是多排探测器 CT 血管造影；为了指导心脏病学医师选择合适的患者，还需要考虑患者的人口学特征，诸如性别、家系、糖尿病以及肾疾病。介入心脏病学循证实践综述将上述内容相互结合，提供全面的信息。

冠状动脉介入治疗的复杂性已今非昔比，对无保护的冠状动脉左主干病变、复杂的分叉病变以及弥漫性病变的处理已越来越常见。这是整本书的主题，关于上述内容的章节都是由权威介入心脏病学专家所写。新增加的章节还专门讨论了经桡动脉介入治疗以及血管穿刺部位的处理，这些内容是非常重要而且实用的，有助于医生更好地对门诊病人进行介入诊断和治疗。

过去的一年里，介入心脏病学领域一波三折，公众注意力大多集中于药物洗脱支架的晚期血栓形成以及 COURAGE 试验的结果。该书的一个新增章节专门讨论支架晚期血栓形成，对这种现象的关注使得医生增加了双药联合抗血小板治疗的时间，也使得美国医生更多地使用裸金属支架。支架晚期血栓形成的发生率非常低，我们需要更多的信息以预防这种严重并发症。COURAGE 试验引发了经皮冠状动脉介入治疗

是否比药物治疗更有利的争论。该试验有着严重缺陷，其中最重要的缺陷就是该研究选择死亡或心肌梗死作为观察终点。在介入心脏病学历史上，从来没有哪项研究显示某项治疗对此观察终点有效，所以期待这一结果可能实现违反了贝叶斯（Bayesian）定理和介入心脏病学领域的所有先验知识。对于这两个问题，介入心脏病学也面临挑战，但必须意识到该领域已经取得了真正显著且不容忽视的进步。

最激动人心的前沿领域之一就是选择医院将其打造成卓越的介入治疗中心。两个新增的章节讨论了此机遇。另外一个新增章节则讨论急性心肌梗死和急性冠状动脉综合征。其他的章节则讨论了卒中中心的观念，这些中心对卒中患者进行急诊介入治疗。

介入心脏病学还有哪些前沿领域呢？本书深入讨论了包括上肢和下肢动脉、肠动脉、肾动脉、颈动脉、脑动脉在内的各种非冠状动脉“大动脉”介入治疗，以及静脉系统介入治疗。这是本书与之前版本的最大区别，当前的介入心脏病学已扩展到几乎所有的主要动脉系统。当然心脏内介入治疗也是前途广阔的领域，包括心脏内超声、左心耳闭合术和经皮修补二尖瓣或主动脉瓣。将基于导管技术的介入方法应用于干细胞治疗、组织再生治疗或血管再生治疗也是非常重要的研究领域和专门主题。同样这些技术也被用于检查易损斑块，另外对于是否需要未发生血管闭塞但已经发生血管炎症的动脉节段行介入治疗以预防斑块破裂、糜烂或发生裂隙也充满争议。新增加的章节将对上述专题一一讨论。

新增的章节还讨论了护理质量以及管理问题，这些章节对本领域的实践及管理问题提供了相关视角和见解。

总体而言，本书不仅跟踪了本领域的新进展，还

对本领域提供了未来的发展视角。本书的第一版出版于 20 世纪 80 年代, 当时整个介入心脏病学的工作仅限于相当原始的球囊血管成形术, 并且对于该治疗是否会引发严重的冠状动脉夹层也是像赌博一样, 与那时相比, 今天的介入心脏病学已面目一新。当前的介入治疗很少仅使用球囊导管, 而且治疗操作过程稳健, 治疗结果也是可预期的, 真正的介入心脏病学医生已经成为“综合血管科”医生, 还有一些医生成为“心内”治疗医生, 能够轻而易举地进行非冠状动脉的血管治疗, 包括闭合卵圆孔或左心耳、经导管瓣膜修补术。

作为本书的第五版, 我相信这个版本比其他版本更好地涵盖和展望了介入心脏病学领域的知识。我非常感谢来自全世界的 125 位作者, 他们与我们分享了

其专业知识, 共同造就了介入心脏病学领域这一史无前例的参考著作。Michael Goldberg 及其在 Elsevier 公司的书籍出版团队是我们的强大支持者, 他们提供了优秀的规划。Natasha Andjelkovic (Elsevier 公司的执行发行人)、Agnes Byrne (Elsevier 公司的策划编辑) 以及我之前的编辑助手 Donna Wasiewicz-Bresnan 对于本书成书帮助颇多。我还要对我的朋友兼同事 Paul Teirstein 医生表示最诚挚的感谢, 我来到 La Jolla 后是他向我展示了全新的介入心脏病学。我们希望本书能够成为介入心脏病学医生非常有用的参考书, 介入心脏病学仍将是医学中最为重要的学科之一, 我们能够使患者获得满意的治疗结果, 该学科还将以惊人的速度前进, 对复杂的挑战不断产生富有想象力的解决方法。

Eric J. Topol

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