

Strategic Approaches in Coronary Intervention

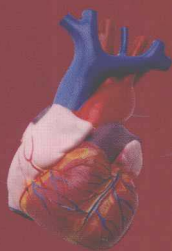
冠状动脉 介入治疗策略

(第三版)

[美]STEPHEN G. ELLIS DAVID R. HOLMES, JR. 原著

程津新 名誉主译

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Strategic Approaches in Coronary Intervention

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（第三版）

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序

经过 30 年的努力,冠心病介入治疗已经成为治疗冠心病的重要手段之一,尤其是对急性冠状动脉综合征的治疗,挽救了许多紧急和危重病人。近年来,随着手术器材的不断改进,手术技术日趋娴熟和普及,大大改善了冠心病病人手术近期效果和远期预后。冠心病介入治疗术已经成为所有经手术治疗的疾病中数量最多的一种手术。随着介入心脏病学的发展,临床医生对冠心病基础与临床的认识水平发生了明显的变化,并培养和造就了一批“能文能武”的内科心脏病学家和学科带头人。本书着重总结了近年来心脏病介入治疗学领域取得的新成果、新进展、新理论和新的治疗经验。作者在其所书的章节中,尽显其所在领域的知识、经验和才华。本书内容广泛,论题深入,图文并茂,其实用性和学术性皆为心脏病介入治疗的重要参考书。我们将此书翻译介绍给国内读者,以达到博采众长、共同提高的目的。

把一本高水平著作准确无误地翻译出来实属不易,它不仅需要良好的外文基础,更需要具备对原著的内容理解及对其理论基础和临床实践的掌握,非朝夕之功。我们本着学习的目的,尽最大努力完成了《冠状动脉介入治疗策略》(第三版)一书的翻译工作。限于译者均为中青年临床医生,文中可能会有不妥之处,敬请读者在阅读中批评指正。

程津新

2009 年 9 月于天津

译者之言

《冠状动脉介入治疗策略》(第三版)是由美国著名的心脏介入专家 STEPHEN G. ELLIS 和 DAVID R. HOLMES, JR. 教授主编,来自 13 个国家的数十位专家教授共同参加了这部思路清晰、颇具特色、富含启迪的冠心病介入治疗学著作的撰写。

全书共设七篇 51 章,内容涉及再血管化的风险与获益的总论、成像技术和病变评估、冠状动脉血管重建技术,同时包括了外周血管、结构性心脏病及心脏瓣膜病的介入技术、冠状动脉复杂病变介入治疗中的临床问题以及冠状动脉介入治疗的辅助治疗和介入心脏病学未来等。

本书自 2006 年出版以来,对介入心脏病学的发展起了很大的作用,是介入工作者的一本参考书。该书从不同的角度全面论述了冠心病的介入治疗,同时还对近几年介入心脏病学热点问题及有关瓣膜病、先心病、周围血管病及介入与药物治疗的适应证和禁忌证进行了阐述。本书的作者均是活跃在介入领域的领军人物,他们结合自己的经验详细地阐述了支架等各种手术的应用技巧,特别对复杂冠状动脉病变的手术策略进行了介绍。由于此书的全面和详尽,通过阅读此书,会使阅读者获得裨益和启迪,如果能成为介入医生的案头书,将是我们最大的愿望。鉴于此,我们将新版的《冠状动脉介入治疗策略》译成中文,并力求忠实原著,希望本书能对国内从事心血管介入诊断和治疗的人员有所帮助。

需要说明的是,《冠状动脉介入治疗策略》(中文版)得以出版,首先感谢天津科学技术出版社为我们提供了这样一部具有重要参考价值的原著,更要感谢天津市胸科医院卢文秋、万健副院长在本书翻译出版过程中的支持。所有的译者均是从事临床和介入心脏病工作的中青年医师,他们的成长得到著名心脏病学家陈树勋、梁爽霖、王惠中等主任的指导与鼓励。在此,衷心地感谢这些老一辈心脏病学家在天津市胸科医院建院 60 年来对心血管病学科的发展所做出的贡献。感谢所有关心和帮助过我们的人。

由于水平有限,本书难免有错漏之处,恳请读者能惠以指正。

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前 言

介入心脏病学是一个日渐成熟的领域,在它进入第30个年头之际,仍然保持着较快的发展速度,一是因为从业者坚持不懈的努力,二是因为经济效益的增长推动该领域技术不断进步。技术的进步和患者群体的差异也在不断推动着临床试验的进步,使其能够科学地、具体地指导临床实践。所以,最优秀的介入学者可以将该领域的科学和艺术相融合,从而将受益程度提高到最高点,将风险程度降至最低点。

1996年,本书首版出版时,我们力图去提供一种以临床为导向的综合性介入心脏病学的方法,尤其以临床解剖的问题为重点。直到今天,很多有丰富经验的介入学者依然对这种想法的诸多方面予以认同。可是,如今介入治疗所采用的器械及治疗范围却发生了极大的变化。

20世纪90年代初,支架和新的抗血小板疗法的出现极大程度地减少了冠状动脉介入术的急性并发症,这在一定程度上提高了长期的受益性。现在药物涂层支架的应用改变了冠状动脉介入再血管化治疗的整个前景。过去认为对于“旁路移植术”和“血管成形术”治疗都可选择的多支血管病变患者和“适宜解剖”的患者,“旁路移植术”治疗的长期效果可能优于“血管成形术”。而现在初期研究结果表明,这种认识已经大大淡化或不存在了。不幸的是治疗花费上却是“血管成形术”高于“旁路移植术”。由此,我们应该对“适宜性”的概念重新认识。另外,随着降脂治疗和控制炎症反应能力的提高,我们对随机试验的结果与其支持血运重建手术的联系性不断提出质疑。在过去的10年中,我们对此类患者的治疗方式都是以坚固的科学基础作为后盾。

介入学者也已经极大地拓展了治疗领域。自本专著第二版出版以后,美国就批准了颈动脉支架的临床应用。尽管没有确凿的证据,技术进步还是明显改善肾动脉粥样硬化和其他外周动脉粥样硬化病变的治疗效果。介入学者对心脏瓣膜病,尤其以对二尖瓣关闭不全和主动脉瓣狭窄的突出贡献明显超出了该领域。对存在斑块破裂危险的特定病变进行干预需要慎重,而结果还有待观望。

第三版的《冠状动脉介入治疗策略》整理了很多介入心脏病学领军人物的实用经验,从而认识并整合那些发生在我们日常面对的每个病人身上的一些变化。第1章至第3章阐述了冠心病患者危险评估的介入治疗概况,强调在过去10年中临床结果的最大变化,指出PCI并发症导致的计划外旁路移植术数量大减。第4章至第6章综述了冠状动脉成像和相应的外周动脉成像的标准技术。第7章至第26章描述了我们所认为关键或新兴的技术,这些技术难以掌握,介入术实践者需要对其进行相应的了解。第27章至第45章重新回到我们方法的核心内容——日常问题的权威综述——严重钙化病变或分叉病变的治疗问题,完全性和不完全性冠状动脉血运重建的作用,以及对左心室功能严重受损患者的最佳治疗。最后,第46章至第50章综述了药物辅助应用的突出特点,将血栓性闭塞和主要临床出血的危险降至最低点。

由衷地感谢所有作者,他们不仅重新修订了以前的章节,撰写了新的章节,而且努力使本书

具有最新的内容。此外,我们还要感谢Lippincott, Williams & Wilkins医学出版社的所有编辑和制作人员,特别要感谢Fran DeStefano、Fran Gunning和Renee Redding,没有他们的大力帮助,本书不会及时出版。

我们衷心地希望本书能为那些对患者进行冠心病介入治疗和非冠心病介入治疗的介入学者、心脏病专家、实习医生提供丰富的知识和最新的治疗方法。

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