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### Foreword

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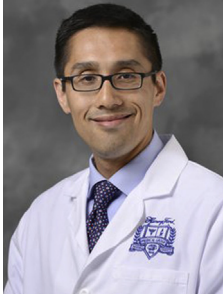
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## FOREWORD



**Marvin H. Eng, MD**  
Consulting Editor

We are pleased to introduce this issue of *Interventional Cardiology Clinics* discussing the art of chronic total occlusion (CTO) percutaneous coronary intervention (PCI). Evolution of CTO PCI has been one of the most exciting and provocative developments in medicine in the past decade. Consistent with the accelerating advances in interventional cardiology, operator skill and medical product development have converged to make CTO PCI a niche specialty.

While CTOs have been a common problem through the history of PCI, only recently have the tools and skills been refined enough to tackle this difficult challenge. First, a thorough understanding of the lesion, coronary collaterals, and plaque consistency is required to plan the procedure. In addition, extensive knowledge and comfort with working inside the subintimal space are needed since subintimal dissection is commonplace. Difficulty with microcatheter and stent delivery is frequent and may require tools such as atherectomy and other special devices reserved for experts. Suboptimal surgical candidates are often referred for CTO PCI as an alternative. Their comorbidities, length, and complexity of the

procedures may require the use of mechanical circulatory support to facilitate the procedure. Finally, adventitial breach is not uncommon, making perforation management fundamentally essential for survival. This quantum leap in interventional cardiology requires significant dedication to training and practice.

This issue of *Interventional Cardiology Clinics* has been edited by 2 luminaries in the field of CTO PCI. We congratulate Drs. Lombardi and Kearney for updating us on the most cutting-edge advances in PCI. Readership should find this issue to be an enlightening and practical guide for sharpening their PCI knowledge.

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