

Preface

Hello and welcome. My name is Pietro Bajona, and I am a cardiovascular surgeon in the Department of Cardiovascular and Thoracic Surgery at University of Texas Southwestern Medical Center in Dallas, Texas.

It is a distinct privilege to serve as guest editor for this current issue entirely focused on hypertrophic obstructive cardiomyopathy (HOCM).

Nearly sixty years have passed since Goodwin et al first described surgical management of hypertrophied septum and since the first operation was performed by Cleland in London, UK, on November 26th, 1958 (1). And fifty years have passed since Morrow first described his septal myectomy approach in 1961 (2) one that by today's standards would be described as "limited".

Nowadays, invasive therapies for HOCM include extended surgical myectomy and alcohol ablation, with surgical techniques tailored to the area of hypertrophy, whether it is basal, midventricular, apical, or in the left and/or right ventricle. Outcomes of these therapies have shown to be, in dedicated and high volume centers, effective in relieving symptoms, and safe with very low operative mortality (0.5% for surgical myectomy and 1% to 2% for alcohol ablation) and late survival outcomes equivalent to the general population (3-6).

In this issue, we have brought together an international group of some of the brightest and most experienced minds in hypertrophic cardiomyopathy. We begin the issue with a systematic review on the use of implantable cardioverter defibrillators (ICDs) to prevent sudden cardiac death in HCM patients. This is followed by a surgical review of HOCM by Dr. Hartzell Schaff, while Sir. Magdi Yacoub discusses the current state of the art and future concepts in HOCM. As septal myectomy is being performed at comprehensive centers, we have asked a few of these centers to discuss their experiences, including the pediatric perspective with the insights and expertise of Dr. Dearani from Mayo Clinic. Featured articles will present clinical experiences of all major HOCM centers around the world from Mayo Clinic, to Toronto General Hospital, Tufts, Leipzig and Berlin centers experiences as well.

Dr. Barry Maron will then give us an elegant overview on alcohol septal ablation therapies.

We then proceed to discuss indications and outcomes in special clinical circumstances, including: management of patients following failed septal alcohol ablation or surgical myectomy, atrial fibrillation at the time of surgical myectomy, and surgical approaches for right ventricular hypertrophy.

Lastly, different surgical approaches for HOCM are presented by internationally experienced surgeons, including a video demonstrating the standard transaortic extended myectomy technique by Dr. Ralph-Edwards. In addition to describing the technique, the authors outline indications, tips and pitfalls of each surgical approach.

We hope that you will investigate, learn, and most importantly enjoy this vast wealth of knowledge. I would like to thank Dr. Yan and Dr. Schaff for giving me this opportunity to serve the *Annals of Cardiothoracic Surgery*.

I'd also like to thank the entire editorial staff, in particular Ms. Kylie Cunningham, for her patience and constant guidance, and to express my sincere gratitude to all the authors who donated their time and efforts into creating the go-to resource on the management of HOCM.

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