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This book is a practical guiding manual to explain critical clinical practice in three-dimensional (3D) echocardiography. The use of this technology has been limited to certain pioneer imaging units, but with the advent of lower cost hardware it is spreading and reaching more users that will start to use it often without previous experience or formal academic training. This title provides these readers with a full review of the features, clinical indications and methodological aspects of 3D echo in a practical, "how-to-do-it" way. 3D-echocardiography techniques are becoming more diverse, as they are applied to transthoracic and transesophageal studies, 3D-wall motion tracking, fusion of echocardiographic and fluoroscopy navigation, fusion of wall motion tracking and coronary tomography. All these aspects are described and explained deeply in this book.

This book constitutes the refereed proceedings of the 8th International Conference on Functional Imaging and Modeling of the Heart, held in Maastricht, The Netherlands, in June 2015. The 54 revised full papers were carefully reviewed and selected from 72 submissions. The focus of the papers is on following topics: function; imaging; models of mechanics; and models of electrophysiology.

- Covers both basic and advanced ultrasonography as well as state-of-the-art research topics in gastroenterology - Has a wide range of authors with expertise in medicine, physiology, GI motility, engineering, computer graphics, imaging, and ultrasound technology - Highlights very original methods of GI ultrasound scanning using many different ultrasound modalities - Uses a unique, combined approach of ultrasonography and biomechanics to GI physiology and pathophysiology - Contains a variety of ultrasound images and illustrations, in color

In recent years, echocardiography has evolved from a qualitative diagnostic tool into a complex and sophisticated technique that is able to provide accurate, quantitative information driving the management of most cardiac diseases. Despite the availability, affordability and scientific value of advanced echocardiography techniques such as Tissue Doppler Imaging (TDI) and Speckle Tracking, there has been a lack of accessible information about their use in real-life medical practice. This practical book is the first comprehensive resource with truly international authorship covering the theory and clinical applications of advanced myocardial imaging as a diagnostic, monitoring and prognostic tool. • Edited by internationally recognized experts in cardiac imaging, Myocardial Imaging: Tissue Doppler and Speckle Tracking collates the latest research into a specific, in-depth resource. • The book focuses on how to use advanced cardiac imaging techniques in everyday clinical practice, presenting relevant material in a logical format. • Each chapter covers a different clinical application of TDI and Speckle Tracking techniques and is illustrated with full color images and tables, allowing quick and easy reference to clinically appropriate information. • It is accompanied by an invaluable CD of video clips that illustrate concepts in the text and provide real examples of echocardiography in practice. • Clear, concise key facts and summaries throughout the book enable fast decisions at point of care. This book is an invaluable resource for cardiologists, sonographers or other healthcare professionals who want to get the most out of the new technology available on echo machines.

This book introduces the latest advances relating to the pathophysiology, biophysics, monitoring and treatment of traumatic brain injury, hydrocephalus, and stroke presented at the 16th International Conference on Intracranial Pressure and Neuromonitoring (the "ICP Conference"), held in Cambridge, Massachusetts, in June 2016 in conjunction with the 6th Annual Meeting of the Cerebral Autoregulation Research Network. Additionally, the conference held special sessions on neurocritical care informatics and cerebrovascular autoregulation. The peer-reviewed papers included were written by leading experts in neurosurgery, neurointensive care, anesthesiology, physiology, clinical engineering, clinical informatics and mathematics who have made important contributions in this translational area of research, and their focus ranges from the latest research findings and developments to clinical trials and experimental studies. The book continues the proud tradition of publishing key work from the ICP Conferences and is a must-read for anyone wishing to stay abreast of recent advances in the field.

The new edition of Practice of Clinical Echocardiography provides expert guidance on interpreting echocardiographic images and Doppler flow data. Designed for those already equipped with a mastery of basic principles, this definitive reference shows you how to apply these findings to your daily clinical decision making. Each chapter focuses on a specific disease process with technical details of qualitative and quantitative interpretation of echocardiographic images and Doppler flow data. Disease-oriented chapters emphasize the role of echocardiography in clinical decision making and prediction of clinical outcomes. New chapters cover emerging technologies, including transcatheter procedures for structural heart disease. Numerous images illustrate findings, while diagrams explain pathophysiology and flow charts guide clinical practice. Each chapter includes a summary box with a practical approach to echo data acquisition, measurement, and interpretation.

In Practice of Clinical Echocardiography, world-renowned authority Dr. Catherine M. Otto offers expert guidance on interpreting echocardiographic images and Doppler flow data and applying your findings to your daily clinical decision making. This medical reference book keeps you current on the latest advances and techniques, so you can implement the best possible approaches with your patients! Master the challenging practice of echocardiography through clear explanations of advanced concepts.. Reinforce your learning with a visually rich reference that includes abundant figures and tables to supplement the text. Utilize the most promising approaches for your patients with coverage of all echocardiography modalities, including contrast and 3-D echocardiography. Zero in on the critically important information and get a quick summary for review thanks to key points at the end of each chapter and a disease-oriented assessment of echocardiographic data. Access the complete contents online from your laptop or mobile device - anytime, anywhere - plus clinical cases, multiple-choice questions, videos, and eFigures at [www.expertconsult.com](http://www.expertconsult.com)! Stay current on the latest advances with a new chapter on echo-guided interventions for structural heart disease, extensive coverage of technical aspects of image and data acquisition, and many other essential updates. Master the practice of clinical echocardiography with Dr. Catherine M. Otto's best-selling text.

Cardiac biomarkers such as troponins and natriuretic peptides have made a great impact on clinical decision making as well as improving our understanding of molecular mechanisms of different disease conditions. However, the biomarkers that are currently in use do not reflect all the multiple disease pathways that are involved in a broad spectrum of cardiac disease conditions ranging from acute coronary syndrome, to heart failure (and heart failure with preserved ejection fraction, HFpEF), to pulmonary hypertension or arrhythmias. In this Special Issue, we will provide an overview of the current developments in the field of biomarker research, beginning with research on molecular pathways and cellular communication (e.g., microRNA) up to the clinical use of biomarkers.

This study is inspired by the gap in knowledge regarding the timing of cardiac surgery and interventions in adult patients with congenital heart disease. There are many parameters used assessing right ventricular function; however, most of them have pitfalls. Understanding the pathomechanisms by which the heart adapts to congenital defects is probably key to find the answer when it is time to intervene and start discussing treatment options. Heart defects are the most frequently occurring congenital disorders. Less than 50% of individuals with moderate to severe congenital heart defects, e.g. transposition of the great arteries (TGA) or tetralogy of Fallot (TOF), survive to adulthood without intervention. Advances in cardiac surgery and better identification of individuals at risk for sudden cardiac death have increased survival rates. Currently, more than 96% of patients with congenital heart disease survive to at least 16 years of age; most undergo corrective surgery but are not cured, and only a few have normal physiology and anatomy. In many cases, the heart must develop mechanisms of adaptation to the changed conditions after surgery. Consequently, correction of the defect creates residual disease with a risk of future complications. To prevent clinical deterioration and to identify the development of complications, patients need lifelong, regular follow up. The choice of followup modalities depends on the cardiac malformation. The right ventricle (RV) plays an important role, as it is often part of the defect or is influenced by the surgery. In the past, research was focused on assessment of left ventricular function (LV), and the RV was “the forgotten ventricle.” Observations and studies in the last few decades brought increased interest into the RV and revealed the importance of the RV in the prognosis of various cardiac diseases. An understanding of RV morphology, pathophysiology and adaptive mechanisms is crucial for further studies of prognosis as well as for research linked to the use of particular diagnostic modalities. When the RV is exposed to increased pressure load, e.g. in atrially corrected transposition of the great arteries (TGA), adaptation affects the cavity volume as well as the wall thickness. When the RV is volume overloaded, adaptation involves enhancement of the RV cavity volume while the wall thickness often remains unchanged under long time. RV ejection fraction (RVEF) gives some information about changes in RV function, but information on myocardial contractility and contractile reserve is also needed. New functional parameters such as strain—also known as myocardial deformation—provide some information about intrinsic myocardial function. In Paper I, we studied functional parameters such as ejection fraction and strain (radial and longitudinal strain for both ventricles) in patients with Tetralogy of Fallot (TOF) and TGA. Longitudinal RV strain was depressed in both patient groups in comparison with that in healthy individuals, and there were additional differences between the two patient groups. In Paper II, we validated three-dimensional echocardiography (3DEcho) against the cardiac magnetic resonance (CMR) gold standard. The study population was limited to patients with TOF. In general, 3DEcho underestimated RV volumes but was able to identify patients with RV dilatation on CMR with high sensitivity. RV longitudinal free wall strain measured by CMR with a cut-off set at -14% identified patients with depressed exercise capacity and low peak oxygen uptake. In Paper III, we studied a new CMR method to quantify and visualise turbulent flow in the heart and vessels. Turbulent flow can be harmful to tissue, blood cells, and endothelium and can contribute to tissue remodeling. In patients with TOF, turbulent flow can be seen as variance in 2DEcho color Doppler. In CMR, increased turbulent kinetic energy (TKE) could be seen with four-dimensional flow. The RV TKE was increased in patients with TOF with pulmonary regurgitation compared with that in healthy controls. In Paper IV, we validated “knowledge-based reconstruction” (KBR), a novel method to calculate RV volume, against CMR in patients with various types of congenital heart defects. Two-dimensional echocardiogram-based threedimensional RV reconstruction is a relatively uncomplicated method that creates a three-dimensional RV model based on a limited number of predefined points of interest (RV structures such as tricuspid annulus, RV free wall, or pulmonary valve). KBR showed good agreement with CMR (intraclass correlation coefficient = 0.84 for RV end-diastolic volume and 0.89 for ejection fraction) but tended to underestimate RV volumes, which is in line with other methods based on ultrasound. Conclusions: 3DEcho is an evolving modality that is able to identify patients with RV dilatation. It can be used clinically for the follow up of patients with congenital heart diseases, especially those with mildly to moderately dilated RVs. When an intervention seems likely, 3DEcho results should be verified by CMR. CMR-derived measurements of longitudinal and radial strain provide a new understanding of RV remodeling and ventricular interdependence in patients with TOF and TGA. Depressed longitudinal strain may indicate a risk of depressed exercise capacity and, in patients with TGA, clinical deterioration. Further studies in larger populations of patients with congenital heart defects are needed, as the altered RV morphology in such patients makes quantitative assessment especially challenging.

This book outlines some new advances in genetics, clinical evaluation, localization, therapy (newly including immunotherapy) of pheochromocytoma and paraganglioma including their metastatic counterparts. Well-known and experienced clinicians and scientists contributed to this book to include some novel approaches to these tumors. This book will serve to various health care professionals from different subspecialties, but mainly oncologists, endocrinologists, endocrine surgeons, pediatricians, and radiologists. This book shows that the field of pheochromocytoma/paraganglioma is evolving and a significant progress has been made in last 5 years requiring that health care professionals and scientists will learn new information and implement it in their clinical practice or scientific work, respectively. This book should not be missed by anybody who is focusing on neuroendocrine tumors, their

newest evaluation and treatment.

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