BOOK REVIEW

The Adult with Tetralogy of Fallot

Edited by Michael A. Gatzoulis and Daniel J. Murphy. Armonk, New York: Published by Future Publishing Company, 2001: 104 pages; 48 figures; 22 tables. ISBN 0-87993-490-5.

First and foremost, this book brings great news. The International Society of Adult Congenital Cardiac Disease (ISACCD) and Futura Media Services have agreed to publish a series of monographs on adult congenital heart disease. There have been numerous monographs on nearly every cardiology topic that allow us on a daily basis to stay abreast of the specialty day to day, but adult congenital heart disease (ACHD) is a field that lacks almost any textbooks or monographs. The interested doctor must refer back to the now classic books of Roberts and Perloff or dig deeply into the always difficult babble in articles published in general cardiology journals. This is the first monograph of the series. It is most welcome. We will take note of all of them and recommend that all cardiologists and cardiac surgeons who treat adult congenital heart disease patients, whether they which have not been surgically repaired have almost completely disappeared from cardiac practices. Competent cardiologists, cardiac surgeons, and pediatricians follow a diagnostic and treatment plan for this serious malformation that becomes more advanced and well informed daily. The natural history of tetralogy has changed radically in recent decades but, in Rosenthal´s words, «the adult with Fallot tetralogy: repaired, yes, cured, no.» Now we have begun to discover what complications can occur in these patients during long-term post-surgery follow-up, but there is still much work to be done, and this monograph is a good update for identifying problems and available therapeutic alternatives.Chapter 1 of the monograph deals with the classification of the risk factors for arrhythmias and sudden death in late postoperative tetralogy of Fallot. The usefulness of simple clinical markers such as QRS duration, the cardiothoracic index, and QT dispersion has been validated in a 10-year multicenter study of 193 adult patients. Chapter 2 evaluates the usefulness of intervention techniques (angioplasty, stents, coils, and occlusion devices) in the treatment of residual lesions and late complications. Chapter 3 summarizes the methods for evaluating stress capacity and its clinical implications. Chapter 4 focuses on the evaluation of problems considered to have a major impact on the morbidity and mortality of patients with tetralogy of Fallot who were operated on in infancy, pulmonary valve insufficiency, and right ventricle dysfunction. Chapter 5 examines the usefulness of various therapeutic options in patients with serious arrhythmias and for the prevention of sudden death, including electrophysiological ablation techniques, implantation of internal defibrillators, and surgical treatment. The sixth and last Chapter is dedicated to symptoms, results, and prognosis of cases of patient with late re-intervention, focusing on the difficult problem of optimizing surgical treatment of pulmonary insufficiency. In summary, an interesting update on the main problems facing cardiologists and cardiac surgeons face in daily practice treating adult patients with previously repaired tetralogy of Fallot. We hope that this monograph will stir an interest in this newly found cardiovascular illness in the adult population and that future generations do not marginalize the fascinating world of adult congenital heart disease.

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