



Editor's Page

The World of Structural Heart Disease Expands



Anthony DeMaria, MD*

Judy and Jack White Chair in Cardiology, Sulpizio Cardiovascular Center, University of California, San Diego, La Jolla, California, USA

I just returned from attending the Technology and Heart Failure Therapeutics (THT) meeting in Boston. Like other “T-T” meetings (Transcatheter Cardiovascular Therapeutics, Transcatheter Valve Therapies), it was well attended, educational, and had a high energy level. Just as the title indicates, the meeting was devoted to new technologies for the management of heart failure. While the initial conference last year was heavily oriented to transcatheter approaches to heart failure, this year both invasive and noninvasive therapies were featured. Nevertheless, what was most complementary to the conventional heart failure meetings was an emphasis on interventional techniques to ameliorate the failing heart. Since many of these procedures were directed to the structural components of heart failure, they gave firm evidence of the expanding world of structural heart disease.

The disorders that traditionally comprise the substrate of structural heart disease, that is valvular and congenital abnormalities, typically manifest heart failure. So structural heart disease and heart failure have been closely associated from the beginning. However, the structural interventions that have been applied were usually directed to remedy anatomical lesions rather than primarily to relieve heart failure. This year's meeting highlighted structural interventions that predominantly address heart failure and apply anatomical interventions as a means to accomplish this goal. Thus, interventions such as interatrial shunts and baroreceptor stimulation were performed upon anatomically normal structures in order to ameliorate heart failure. Not surprisingly, noninvasive and pharmacologic therapies for heart failure also received considerable attention at the meeting, as they constitute an integral part, and indeed form the basis of the treatment of this disorder.

Inclusion of the broad spectrum of cardiac diseases and therapies involved in heart failure in the conference heralded an expanding world for the topic of structural heart disease. Not only are transcatheter and surgical procedures for heart failure encompassed in the subject matter, but all aspects of the failing heart which typically serves as the common pathway of end-stage disease. The mechanisms underlying heart failure, the diagnosis and assessment of severity, the associated comorbidities such as renal failure and arrhythmias, and the medical therapies employed all fit comfortably within the comprehensive tent of the technological strategies applied to structural heart disease.

The expanding scope of structural heart disease was in full display at the THT. An in-depth discussion of the mechanism and/or mechanisms of heart failure with preserved ejection fraction took place. The role of noninvasive imaging modalities in the diagnosis and quantification of heart failure was addressed. Presentations dealing with co-morbidities such as the cardiorenal syndrome and its potential therapy (including an impella type device in the descending aorta) were made. The role of the 4 “foundational” therapies and diuretics in the management of heart failure was discussed. And of course, no conference on heart failure would be complete without attention to the issue of heart rhythm disorders and their pharmacological and device therapies.

Emblematic of the wide spectrum of topics that could be encompassed in association with structural heart disease was an Editors' Forum in which I had the opportunity to participate. Of course, included were editors from those journals specifically dedicated to heart failure. However, the Co-Chair of the session represented the wide-ranging topic of translational cardiovascular research. A presentation was also given by the Editor of a journal devoted to electrophysiology. In a sense, my overview of *Structural Heart Journal* showed how the topic touched on all these subjects and provided a home in which all could interact.

In a previous Editor's Page, I maintained that the myocardium was a “cardiac structure.” The agenda of the THT meeting was entirely consistent with this concept. Myocardial dysfunction is central to heart failure, and thus heart failure is in a sense a form of structural heart disease. The many technologies directed to the therapy of the failing heart that involve interventions upon cardiac structures only strengthen this relationship. The logical extension of this concept with regard to *Structural Heart Journal* is that content dealing with heart failure should be welcomed. In fact, I will go a step further and say that submissions dealing with heart failure are encouraged. The relationship to heart failure is fully consistent with and a manifestation of the expanding world of structural heart disease.

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* Address correspondence to: Anthony DeMaria, MD, Division of Cardiology, UC San Diego, 9300 Campus Point Drive, MC 7411, La Jolla, CA 92037.
E-mail address: ademaria@health.ucsd.edu.