Angiocardiography In Diseases of the Chest*

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FOREWORD

Over 15 years have elapsed since the practical method of angiocardiography was published.1 During that time many reports of its use in congenital and acquired heart, pulmonary and mediastinal diseases have appeared from all over the world. Four important monographs on these subjects have been published.2-5 Angiocardiography has fully lived up to the expectations formulated in 1940.6

In this number of Diseases of the Chest, four papers representing some of the current clinical problems encountered at the New York Hospital—Cornell Medical Center, which angiocardiography has helped evaluate, are reported. The first, by Doctors Lukas, Dubilier and Steinberg, “Persistence of the left superior vena cava,” is mostly of academic interest. The embryology, anatomy and cadaver dissection incidence of this congenital cardiovascular anomaly are described and the findings during life by angiocardiography and cardiac catheterization are illustrated.

Doctors Miscall and Duffy discuss the role that angiocardiography plays in the selection of cases for surgical treatment of pulmonary cysts and bullae. They emphasize that angiocardiography because it assesses pulmonary circulation so vividly is valuable in revealing the amount of compressed pulmonary tissue that is surgically restorable. The use of angiocardiography for study of the pulmonary circulation antedates its application in heart disease.7 Correlative studies showing its value as compared to pulmonary function, especially bronchospirometry, are also beginning to be published8 and the findings are significant. The third paper, by Doctors Finby and Steinberg reiterates the value of angiocardiography in predicting serious cardiovascular involvement in malignant mediastinal disease. Finally, three cases of interatrial tumor (myxoma), the first to be recognized during life, are described and illustrated by Doctors Glenn, Dotter and Steinberg. Angiocardiography by establishing the diagnosis blazes the trail for curative treatment of this disease.

No longer is angiocardiography to be considered a research tool. Its value in clinical medicine especially in lung and heart disease has been amply...
It is predicted that like bronchoscopy and Papanicolaou sputum studies in obscure pulmonary disease, it will become routine, particularly in the evaluation of lung cancer operability. Technical advances going on all over the world will also enhance the value of angiocardiography in congenital heart disease. Wilson and co-workers have also shown that adding a minute dose of an inert radioisotope to the contrast substance injected according to angiocardiographic technic makes it possible to determine maximal opacification of the abdominal aorta. This may replace the Dos Santos translumbar aortic puncture method of abdominal aortography. Finally, Evans and co-workers at this center have utilized the Robb-Steinberg method of injection to visualize the opacified kidney by tomography. This method, called nephrotomography, differentiates between renal cysts and tumors.

REFERENCES


