Preface

Atrial fibrillation is the most common sustained arrhythmia in man. Until recently, atrial fibrillation did not receive deserved attention, in part because we did not have much of a therapeutic armamentarium that could be brought to bear. A new wave of enthusiasm appeared about a decade ago after Haissaguerre and colleagues showed that atrial fibrillation could be initiated by ectopic beats originating in the pulmonary veins and that ablation of these sites can be curative.

Aeschylus, a sixth-century Greek dramatist wrote that a physician’s goal should be “to cure, sometimes; to alleviate, often; to comfort, always.” An incredible worldwide effort from physicians, scientists, and the entire industry over the last decade has brought forth new insights and therapeutic tools. We are fortunate to have achieved a level of understanding about this complex disease that we can, indeed, cure some patients. While we proceed at full speed ahead in the ongoing search for cures for other diseases, we have taken the opportunity in this issue of Medical Clinics of North America to reflect on how much we have learned and the task that still lies ahead.

This issue opens with a historical perspective, then discusses many of the clinical issues in the management of atrial fibrillation, such as cardioversion, anticoagulation, and ablation, and finally concludes with the current guidelines for treatment and a view of the future.
We are grateful to our colleagues who have contributed their time and energy in writing these reviews. All of the contributors are busy investigators and well-known experts in the field. We have enjoyed reading their perspectives, and we hope that the reader will also find these reviews helpful in obtaining an up-to-date understanding.

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