Cardiac tumors were once considered a nosographic entity of scanty interest because of their rarity, the intrinsic diagnostic difficulty and the therapeutic impossibility. They were mostly fatal or incidental findings at postmortem. Nowadays they have become a topical subject because of the great advances in clinical imaging (echocardiography, magnetic resonance, and computed tomography) and surgical treatment and are a spectacular example of innovation in technology for in vivo diagnosis and therapy.

The present monograph goes over these advances with clinicopathologic correlations. About 90% of primary cardiac tumors are benign and the simple surgical removal is curative forever. Another proof as cardio-pulmonary bypass with cardiac arrest and open-heart surgery was a revolutionary step forward in cardiovascular medicine.

The book covers history, epidemiology, demographics, clinical diagnosis, imaging, surgery, pathology, and basic sciences aspects of both benign and malignant cardiac neoplasms, either primary or secondary. Chemotherapy and radiotherapy of malignant neoplasms is as well as cardiotoxicity are also addressed.

The book is directed to all the researchers and physicians involved in the field of cardiac oncology, from cardiologists to cardiac surgeons, from radiologists to pathologists. In this regard, it must be said that cardiac surgery opened the era of surgical pathology also in the field of cardiac diseases.

As far as cardiac tumors, although tissue characterization with imaging is tempting, histology and immunohistochemistry remain irreplaceable life-saving steps for diagnosis. The presence of an expert cardiovascular pathologist is fundamental in the clinical team dealing with cardiac tumors. This is the reason why pathologists should be interested in reading and consulting the book which however, at difference from previous authoritative books and atlas, include robust clinical and imaging information, with several chapters written by clinicians and surgeons, which represent its peculiarity.

Padua, Italy

Cristina Basso M.D., Ph.D.
Marialuisa Valente M.D.
Gaetano Thiene M.D.
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