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## FOREWORD

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Tumors of the heart are uncommon, yet with the advent of diagnostic procedures such as angiography, echocardiography, computed tomography and magnetic resonance imaging, they are more frequently diagnosed and amenable to cure by surgery. Prior to the development of cardiopulmonary bypass, excision was rarely possible. Currently, with precise anatomic diagnosis and open-heart techniques, complete excision and cure is possible, especially for benign lesions. Myxoma is the most frequent primary tumor in most reported series, and results of surgery are usually successful. Other benign tumors are also mostly removable without complications. Most primary malignancies may not enjoy such a favorable prognosis.

Since the first reported cardiac transplantation in 1967, the technique for cardiac replacement has become standardized, and is now proved to be therapeutic for complex cardiac disease. In advanced neoplastic disease of the heart or adjacent organs or tissues, access to the posterior aspect of the heart and left atrium may not be technically possible. Thus, removal of the heart may be necessary to expose and remove the tumor. In 1984, such a situation was encountered in a patient at my hospital, and excision of the tumor and cardiac repair was performed. Subsequent bleeding from the highly vascularized mediastinum prevented survival, but the technique of autotransplantation was thus introduced. My assistant at that operation was Dr. Michael J. Reardon, who was inspired to apply the technique later in many such challenges. He has become an authority for the treatment of cardiac neoplasms, with impressive results. I congratulate him and his dedicated team.

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