## Our new journal

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This issue of the *Journal of Vascular and Interventional Neurology,* volume 1, number 1, is a milestone in medicine. It represents a point in history at which neurovascular practitioners established their own medium for discourse on their specialty. On this occasion I feel pride in being able to help launch this journal, and humility in recognizing that there is much to be done.

The concept of establishing a new medical journal to serve the practice of neurovascular medicine and its allied specialties, endovascular surgery and interventional neuroradiology, arose at a time when neurovascular procedures matured from heroic medicine to standard of care. The initial work of Haschek, Lindenthal, and Moniz<sup>1</sup> led to development of cerebral angiography as a diagnostic method. In 1953, Seldinder<sup>2</sup> described a new technique for acquiring percutaneous vascular access by placing a catheter subsequent to the needle puncture and therefore establishing a platform for diagnostic and therapeutic procedures. The evolution of neuroendovascular procedures as a therapeutic modality cannot be localized to a single event but several almost unrelated events. In 1941, Werner and colleagues<sup>3</sup> inserted silver wires into an intracranial aneurysm by use of a transorbital approach to prevent rupture by protecting the susceptible wall of the aneurysm from the stress of pulsatile blood. In 1958, Sussmann and Fitch<sup>4</sup> reported successful recanalization of an acutely occluded internal carotid artery after intra-arterial injection of plasmin. In the early 1960s, Luessenhop and Velasquez<sup>5</sup> showed that intracranial vessels could be catheterized with flow-directed balloon tipped catheters, and in 1964, Serbinenko<sup>6</sup> performed temporary occlusion of the internal carotid artery using a flow directed balloon.

The field of cardiovascular medicine was revolutionized as endovascular treatment of coronary artery disease became not only feasible, but responsible, prudent, and expected in most cases. Neurovascular intervention has followed the precedent of cardiovascular intervention with rapid exploitation of the therapeutic opportunities afforded by this exquisitely invasive yet relatively safe and effective technique .<sup>7</sup> There are approximately 400 fully trained neurovascular practitioners in the United States,<sup>8</sup> with many more in training in the 45 or so fellowship programs.

In concert with the rapid development of techniques for neurovascular therapy, industry has been providing us with ever more sophisticated tools for endovascular surgery. Virtually all of the companies manufacturing catheters and stents for cardiac, renal and somatic treatments, now also have enterprise divisions devoted to neurovascular applications.

The *Journal of Vascular and Interventional Neurology* aspires to provide a convenient and responsible reflection of devel-

opments in the field, as well as a forum in which experts in the field can discuss their insights. In the spirit of exploring new frontiers in medicine, the journal is open to publishing articles that may not fit the traditional paradigms of medical journalism. New technologies in publishing provide opportunities for the addition of digital materials with access through the Internet. Such materials might include supplemental data, additional illustrations or figures, motion pictures, audio files, software, and links to other resources. Internet technologies also make medical information more accessible to the public, so our new journal will address that audience through essays or educational pieces in lay language. The infrastructure of medical practice; that is, the hospitals, training programs, accreditation bodies, professional organizations, insurers, and regulatory agencies, also deserve recognition and scrutiny.

I invite my professional colleagues to join me in fostering the growth and development of the *Journal of Vascular and Interventional Neurology*. Send us your news, your opinions, and your concerns. I invite our for-profit partners in industry to support the non-profit journal through advertising. Commercial enterprises may also contribute essays and education pieces if there is full disclosure of conflicts of interest. I appeal to benevolent agencies to help us in our efforts to improve the art and science of neurovascular medicine through direct financial support of this journal. Together, we can see more clearly the best ways to bring relief to the millions of people around the world who suffer from neurovascular disease.

## References

- 1. Hopkins LN, Lanzino G, Guterman LR. Treating complex nervous system vascular disorders through a "needle stick": Origins, evolution, and future of neuroendovascular therapy. Neurosurgery 2001; 48:463–475.
- 2. Seldinger SI. Catheter replacement of the needle in percutaneous angiography: A new technique, Acta Radiol 1953; 39:368–376.
- 3. Werner SC, Blakemore AH, King BG. Aneurysm of the internal carotid artery within the skull: Wiring and electrothermic coagulation, JAMA 1941; 116:578–582.
- 4. Sussman BJ, Fitch TSP. Thrombolysis with fibrinolysis in cerebral arterial occlusion, JAMA 1958; 167:1705–1709.
- Luessenhop AJ, Velasquez AC. Observations on the tolerance of the intracranial arteries to catheterization, J Neurosurg 1964; 21:85–91.
- Teitelbaum GP, Larsen DW, Zelman V, Lysachev AG, Likhterman LB. A tribute to Dr. Fedor A. Serbinenko, founder of endovascular neurosurgery.
- Qureshi AI. Ten years of advances in neuroendovascular procedures. J Endovasc Ther 2004; 11 Suppl 2:II1-4.
- Suzuki S. Saver JL. Scott P. Jahan R. Duckwiler G. Starkman S. Su Y. Kidwell CS. Access to intra-arterial therapies for acute ischemic stroke: An analysis of the US population. AJNR: Am J Neuroradiolog 2004; 25:1802-1806.