Foreword

When the Best Die Young

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Athletes inspire us by pushing their own limits and showing what the human body is capable of achieving. For more than one hundred years, runners tried to break the 4-minute mile. It was considered the “Holy Grail” of track and field. Many said it couldn’t be done. In fact, doctors wrote articles in medical journals explaining why it was physically impossible for the human body to run a mile in less than 4 minutes. On May 6th, 1954, Roger Bannister, a medical student at Oxford with little training, ran a mile in 3:59.4. No sooner than “the 4-minute mile myth” was broken, 46 days later, Bannister’s record was broken and since then it has been broken more than 700 times. In this way, athletes inspire us with their achievements and make it possible for others to push the limits as well. We idolize them for their physiologic achievements as well as their near-perfect physique. When an athlete dies suddenly, it leaves us bewildered as to the cause and points to our own mortality.

Until relatively recently, it was commonly thought that sudden death in athletes was due to a “heart attack” even though evidence of myocardial infarction was usually absent. The last 2 decades have revealed many causes of sudden death in younger individuals in the absence of coronary artery disease; these include coronary anomalies, hypertrophic cardiomyopathy, and many genetic syndromes. We have also learned much about screening tests and how to use them to prevent “the best” from dying prematurely.

This issue of the Cardiac Electrophysiology Clinics focuses on rhythm and conduction disturbances in athletes. Although sudden cardiac death due to ventricular arrhythmias is the ultimate feared outcome, other cardiac arrhythmias are common in athletes as well. The editors, Drs Corrado, Basso, and Thiene, are well known for their seminal contributions in this area, and they have assembled internationally renowned contributors from cardiology and sports medicine, with varied expertise.

The readers will find comprehensive, yet practical, discussions of sudden cardiac death, the role of screening and prevention, and the use of automatic external defibrillators at sporting events. Syncope, atrial arrhythmias, bradyarrhythmias, cardiomyopathies, and implantable cardioverter-defibrillators in competitive athletes are also thoroughly discussed.

This issue of the Cardiac Electrophysiology Clinics is of interest not only to cardiologists and electrophysiologists but also to internists, family physicians, and pediatricians, who play a critical role in the evaluation of competitive student athletes and leisure-time amateur athletes, many
of whom are quite accomplished. We hope the readership will learn much of practical use from this international panel of experts.

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