

## Comment

Cardiovascular diseases, along with cancer and psychiatric conditions, are among the major problems that 21<sup>st</sup> century medicine has to face.

The increasing life expectancy should be integrally bound with improving quality of life. Atherosclerosis, a progressive inflammatory process, is the main underlying cause for declining cardiovascular function, having a significant adverse social and economic impact on the entire society. The critical complications of severe atherosclerosis include myocardial infarction (MI), brain strokes and critical limb ischaemia (CLL). They are all sequelae of a systemic disease in its various advancement stages, involving various vascular regions, yet in all of these cases potentially leading to the patient's death.

Contemporary vascular surgery does its best to limit the results and sequelae of vascular diseases. At present, the so-called "vascular medicine" is being developed as a separate branch of medical science bringing together specialists in different fields (conservative and surgical) for optimal, joint, comprehensive management and prevention of vascular conditions.

Another problem is the increasing prevalence of diagnosed and treated aneurysms, that is weakened or damaged vascular wall with focal or diffuse widening of the arterial lumen. The underlying cause has not yet been fully explained.

Unfortunately, the rapid technological progress taking place both in imaging diagnostic modalities and in the equipment used for minimally-invasive therapies aimed at restoring vessel patency, still remains to be matched by equally dynamic pharmacological advances.

Currently, in approximately 70% of patients with severe occlusion or critical stenosis of arteries, we are able to carry out minimally invasive procedures restoring the vessel's patency and improving the function of the ischaemic tissues and organs. Patients who up until recently were found not eligible for surgical treatment due to their multiple comorbidities such as circulatory, renal, or hepatic insufficiency, etc., can now be operated on. The present state of the art, including our experience, surgical skills, and continually improved surgical equipment, allows us to go beyond the indications, recommendations and guidelines published even several years ago.

Minimally-invasive endovascular procedures are now oftentimes combined with classical vascular surgery in the so-called hybrid operations.

An important issue remains the adequate training of specialists and advancing their skills.

We are also looking forward to adequate progress in pharmacological therapy, which will hopefully facilitate long-term patency of the treated vessels, and prevent further progression of the disease.

In the papers included in this issue we would like to present just some of the numerous problems that the Vascular Surgery and Angiology Department of the Medical Centre for Postgraduate Education deals with on a daily basis. It is with great pride that we continue the work initiated by some eminent specialists in the field, the pioneers of Polish vascular surgery, such as Professor Jan Nielubowicz, Professor Józef Dryjski, Professor Henryk Rykowski, Professor Wojciech Noszczyk, and Professor Mieczysław Szostek.

*Professor Walerian Staszkiwicz, MD, PhD*