



Coronary Physiology in Clinical Practice: Fractional Flow Reserve and Beyond

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Message from the Guest Editor

The class IA ESC/EACTS Guidelines 2018 recommend FFR_{myo} and iFR (instantaneous wave-free ratio) for pressure-derived and lesion specific measurements before revascularization, which is based on numerous randomized clinical outcome trials. Beyond this, there are many more resting and hyperemic indexes, such as the coronary flow reserve (CFR) index of myocardial resistance (IMR), which may be relevant in different clinical situations. In fact, to define a new gold standard in coronary assessment is rather difficult, but there is an emerging support for the idea that whole coronary circulation should be taken into account in the decision-making process, not only before but also during and after revascularization.

In this Special Issue, we will focus on original and review articles dedicated to coronary physiology and combined techniques. We are interested in the coronary physiology not only of patients with coronary and myocardial pathologies but also of patients with a combination of coronary and other diseases, e.g., aortic valve stenosis or cardiomyopathies.





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