

Special Issue

Personalized Medicine in Interventional Cardiology and Cardiac Surgery

Message from the Guest Editor

The discovery of new techniques in interventional cardiology and the creation of new dedicated tools have allowed a personalized path in cardiovascular medicine to embroider a diagnostic-therapeutic offer on the individual characteristics of the patients. In coronary pathologies, coronary catheterization allows the characterization of atherosclerotic plaques and other coronary pathologies from a functional and hemodynamic point of view. Interventional cardiology has expanded its evidence into structural pathologies such: closure of interatrial and interventricular defects and Patent Foramen Ovale (PFO), closure of the atrial appendage, and in valvular diseases and congenital heart disease of adult. In valvular pathologies, catheterization imposes itself as an alternative to heart surgery, depending on the clinical, anatomical characteristics and the operative risk. In this Special Issue, we welcome original research and review articles regarding interventional cardiology and other personalized interventional therapies for cardiovascular diseases.

Guest Editor

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Deadline for manuscript submissions

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About the Journal

Message from the Editor-in-Chief

Journal of Personalized Medicine (JPM), ISSN 2075-4426) is an international, open access journal aimed at bringing all aspects of personalized medicine to one platform. *JPM* publishes cutting edge, innovative preclinical and translational scientific research and technologies related to personalized medicine (e.g., precision medicine, pharmacogenomics/proteomics, systems biology, 'omics association analysis). *JPM* is covered in Scopus, the Science Citation Index Expanded (SCIE), PubMed, PMC, Embase, and other databases.

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manuscripts are peer-reviewed and a first decision is provided to authors approximately 21.5 days after submission; acceptance to publication is undertaken in 3.5 days (median values for papers published in this journal in the first half of 2025).