Supraventricular tachycardias were among the first abnormalities to be characterized with the introduction of electrocardiography. While they were undoubtedly important, they have not been paid attention they deserve. In the last ten years, a remarkable knowledge about these arrhythmias has been acquired from both basic sciences and clinical investigations. Powerful therapies have become available for their management, ranging from drugs such as propafenone, flecainide, sotalol, amiodarone and adenosine through radiofrequency catheter ablation, or surgical therapy. Radiofrequency ablation has given strongest stimulus to the understanding of the anatomy and physiology of supraventricular tachycardias, and has become a very successful therapeutic option for most of them.

The book Supraventricular tachycardias: diagnosis and treatment by Dubravko Petrač was published just in time to look afresh at the problem of these arrhythmias and to put them in an appropriate modern context. Each supraventricular tachycardia is illustrated with a high-quality representative electrocardiogram, and many of them with intracardiac presentation. The author has managed to conceive a well laid out, methodical, well balanced, up-to-date survey of the topic, placing the book at a high scientific and practical clinical level. Some chapters have been written by renowned European and Croatian experts in particular fields of cardiac arrhythmias or cardiac surgery.

The book has two parts. Part one is dedicated to the diagnosis of supraventricular tachycardias. As frequently encountered in recent cardiologic literature, the understanding of the arrhythmogenic mechanism and anatomy is an inevitable link for optimal treatment of arrhythmias. The electrocardiographic and transesophageal atrial pacing approaches in the diagnosis of supraventricular tachycardias are presented in relation to the latest electrophysiological concepts. Because of their specificity and complexity, permanent junctional reciprocating tachycardia and atrioventricular reentrant tachycardia are given in separate chapters. The potentials of sudden cardiac death in patients with Wolf-Parkinson-White syndrome and identification of patients at risk are pointed out with special reference to symptomatic and asymptomatic patients.

Part two, dedicated to the treatment of supraventricular tachycardias, reveals the most evident progress in current arrhythmology. The author critically reviews treatment strategies, both new and old ones, and has put together a framework of the management which will help guide us through this increasingly complex field. This part contains chapters on medical treatment of supraventricular tachycardias, chapters on radiofrequency catheter ablation of atrioventricular nodal reentrant tachycardia and Wolf-Parkinson-White syndrome, and chapters on surgical treatment of Wolf-Parkinson-White syndrome. Some very important statements are pointed out. Because of definite care, radiofrequency ablation is proposed as first-line therapy for atrioventricular nodal or atrioventricular reentrant supraventricular tachycardias. The role of antiarrhythmic drugs is now limited to termination of supraventricular tachycardias, prevention of atrial arrhythmias without accessory pathway, and ventricular rate control in chronic atrial arrhythmia. On the other hand, surgical treatment of accessory pathways is indicated only for patients requiring surgical operation for another heart disease. This part is additionally enriched by personal experience and results presented in chapters on radiofrequency and surgical treatment of supraventricular tachycardia.

The book Supraventricular tachycardias: diagnosis and treatment by Dubravko Petrač is an example of merging different aspects of a complex and actual clinical medicine subject. In the era of guidelines and consensus treatment, it represents a new item in the Croatian medical literature. The book will certainly be found highly interesting and useful not only for physicians and arrhythmologists but also for residents and fellows in cardiology, and for other medical staff working in electrocardiography or electrophysiology laboratories.

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