Ziyad M. Hijazi, MD

A leader in pediatric cardiology discusses his early influences, the importance of developing child-sized devices, and what to expect at PICS 2008.

When did you start your career in medicine, and what drew you to pediatric cardiology? I started back in 1982 when I finished medical school. I initially came to the US in 1984 to pursue a master's degree in public health. Soon after I started, my advisor, the late Dr. Dorothy Horstmann, advised me to consider pediatrics. While attending conferences at Yale, where I was pursuing my MPH, I was very impressed by Dr. Norman Talner, Chief of Pediatric Cardiology. In 1985, I decided to be a pediatric cardiologist and went on to pursue the specialty.

What is the current focus of your research energy? Currently, my main focus is on development of new devices to treat patients with congenital and structural heart disease. I focus on transcatheter valves for aortic and pulmonic valve replacement.

What areas of pediatric cardiology need the most attention from physicians and industry in the next several years? Very few manufacturers focus on the development of

catheters, devices, and stents specifically for neonates, infants, and children with heart defects. Furthermore, physicians need to learn more about congenital heart disease so that when these young children with congenital heart disease grow up to be adults, physicians can understand their cardiac anatomy and physiology.

How did the PICS-AICS meeting come to be, and what have you learned from your involvement with it? The meeting began in 1996. At that time, there was no educational event for pediatric cardiac intervention. I was a guest faculty at TCT, and while there, I wondered why we do not have a similar forum for children with heart defects. So, in 1997, I started the first meeting in Boston.

Two years ago, structural heart disease was emerging as a new specialty. PICS always included some

adult structural and valvular heart disease but nothing stand-alone. Therefore, we initiated the Adult Interventional Cardiac Symposium (AICS) in collaboration with Ted Feldman, MD; Martin Leon, MD; Gregg Stone, MD; and Peter Block, MD. Running the meeting with the other course directors, as you may imagine, is a huge task, but I have great help from many people, which makes it enjoyable.

What can we look forward to for PICS 2008? The meeting next year will focus on the latest therapies for congenital heart disease, as well as structural

heart disease. We are hoping to hold PICS from July 20-23, 2008, away from the annual ACC and SCAI meetings in Chicago.

What is the most significant difference between pediatric and adult interventional cardiology? I believe the most important difference is that we encounter a variety of cases in congenital heart disease. We have more than 110 different combinations in contrast with adult coronary artery

disease. This creates a higher complexity level and more variety—and do not forget the size of the patient! To perform interventions on the tiny femoral vessels of a baby weighing only a few pounds is challenging!

What can you tell us about your program at Rush University Medical Center? I am delighted to be moving to Rush University Medical Center, where I will direct the Rush Center for Congenital and Structural Heart Disease. Rush is providing all the resources to ensure our success. We will focus our efforts on treating children and adults with congenital and valvular/structural heart disease. We already have more than 25 people working in this center, and we are recruiting more physicians, nurses, and technicians to make this center the best in Chicago.

