

# The Value of a Regional Asian-Pacific Organisation for Echocardiography



*To the Editor*

After its introduction in 1953 by Edler and Hertz, echocardiography has become the most widely available and practical imaging and haemodynamic diagnostic tool in cardiovascular medicine. It has evolved from a single line, produced by “A” mode ultrasound reflected from a cardiac structure, to a technique to provide three-dimensional as well as two-dimensional images and Doppler velocities reliably measuring pressure gradients [1,2]. Moreover, echocardiography can be performed at any location where it is needed for optimal patient care. While three-dimensional transoesophageal echocardiography enables the interventional cardiologist to perform complex transcatheter device procedures, a miniaturised hand-carried ultrasound unit is now considered the fifth pillar to bedside examination [3]. Although echocardiography has been initially developed and utilised by cardiologists, it can now be used by any medical personnel with a proper training for different clinical purposes, including critical care, screening in the emergency department, and intraoperative use.

For echocardiography to be utilised optimally, there is a need for an ongoing technical and clinical education as well as continuing research in the field. The American Society of Echocardiography and European Association of Cardiovascular Imaging are doing an excellent job in that regard. They are also extending their reach and effort to the entire world to improve the practice of echocardiography. The Asian-Pacific medical community has contributed significantly to the development of echocardiography including an early application of pulsed wave Doppler echocardiography, development of colour flow imaging and clinical validation as well as application of various echocardiography modalities. At the same time, the Asian-Pacific region has a great need for continuing education and collaborative investigations in echocardiography.

To promote optimal echocardiography practice and collaborative research in the Asian-pacific region, the Asian-Pacific Association of Echocardiography (AAE) was established in 2013 during the annual scientific meeting of the

Japanese Society of Echocardiography by four founding member Societies: the Chinese, Japanese, Korean and Taiwanese Societies. Since then, seven more echocardiography working groups or societies have joined, or pledged to join, the AAE : Australia, Hong Kong, Indian Academy, Philippines, Saudi Arabia, Singapore and Thailand. We have held successful annual AAE meetings independently or jointly with member societies annual meetings: Beijing, China, in 2013; Seoul, Korea, in 2014; Kaohsiung, Taiwan, in 2015; Osaka, Japan, in 2016; Jeju Island, Korea, in 2018; and Brisbane, Australia, in 2019. The Hong Kong echocardiography working group under the leadership of Alex Lee, MD, will host the 2020 AAE meeting (Echo Asia) from May 22-24, 2020. We will focus on basic echocardiography training, including live case demonstrations, as well as review of the latest developments.

For the AAE to become a true international organisation to serve the physicians interested in echocardiography and the patients in the region, we need the active participation of Asian-Pacific members. Please visit the AAE website for membership information ([aaecho.org](http://aaecho.org)). The website has rich educational material, including more than 30 lectures from the Mayo Clinic Echocardiography Board Review, and selected lectures from the most recent Brisbane, Australia, meeting. AAE also has a regular Webinar series, including a recent presentation by Professor Liza Thomas, from Sydney, Australia, on June 25<sup>th</sup>, 2019.

We are looking forward to serving your needs in echocardiography, and to meeting you at our meetings. Please join us!

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## References

- [1] Oh JK, Kane GC. The echo manual, 4th edition, Wolters Kluwer; 2019.
- [2] Feigenbaum H, Waldhausen JA, Hyde LP. Ultrasound diagnosis of pericardial effusion. *JAMA* 1965;191:711-4.
- [3] Narula J, Chandrashekar Y, Braunwald E. Time to add a fifth pillar to bedside physical examination: inspection, palpitation, percussion, auscultation, and insonation. *JAMA Cardiol* 2018;3:346-50.