

## Remembering Junichi Yoshikawa

The cardiology community has lost one of its brightest stars. On June 22, Dr. Junichi Yoshikawa passed away in Kobe, Japan after a long bout with liver cancer. He was 75 years old.



As a medical doctor, research, and mentor, Dr. Yoshikawa commanded respect. Over a fifty-year career, “Dr. Yoshikawa became a rare presence, a giant in echocardiography and at the same time a giant in cardiovascular medicine,” says Kenei Shimada, a cardiologist at Osaka City University Medical School who worked with Dr. Yoshikawa for 20 years.

He’s defined his career by the phrase “something new, something special,” says Shimada. He injected discovery into everyday procedures. Is this procedure really correct? Is there evidence for it? Isn’t there some new method? What do we really see in that image? “He was constantly throwing up those questions,” says Shimada.

It was a philosophy that bore much fruit, especially in the dissemination of echocardiography, and benefited countless patients. When, several decades ago, there were no methods to measure the severity of regurgitation and constriction in valvular disorders, his trademark phrase was, “We are about to enter the era of quantitative evaluation of valve disease.” Dr. Yoshikawa delivered

on that promise with a series of [breakthrough papers](#) three decades ago.

He tirelessly promoted the use of [transesophageal imaging in Japan](#). “There are things that can only be seen with transesophageal echocardiogram,” he used to say. And he devoted himself to non-invasive imaging of the coronary artery, leading a group that, in 1979, [published for the first time](#) a diagnosis of a coronary aneurysm in Kawasaki disease using echocardiography. He also proposed the use of transthoracic echocardiogram to make coronary flow reserve a routine tool for evaluating coronary stenosis. Soon after, he had a list of publications on the effect of medicines and related risk factors, including a 1999 publication demonstrating the [cardioprotective effects of red wine](#). “This became a hot topic around the globe,” says Shimada.

His career included stints as chairman of the division of cardiology in Kobe General Hospital, professor at Osaka City University Medical College, director of the Ekisaikai Hospital in Osaka, and the Nishinomiya Watanabe Cardiovascular Center. Ten years ago, Dr. Yoshikawa became the first doctor in Japan to introduce was the first doctor in Japan to introduce CT heart scans in standard complete medical checkups in Japan.

By a generation of doctors in Japan, however, he will be better remembered as an outstanding mentor. Hiroki Oe says the clinical training he received from Dr. Yoshikawa stayed with him as he worked in various hospitals, including one overseas. “That I became what I am is because of Dr. Yoshikawa,” he says.

Dr. Yoshikawa’s acumen in particular physical examinations was especially impressive. Even without an echocardiograph, he could accurately determine not only the patient’s disorder but also its seriousness, says Oe. “To us students, it was like some kind of magic,” says Oe. “He had a goldfinger.”

He wanted his students to broaden their horizons and encouraged them to devote themselves to research, not just clinical care. “He kept telling us, ‘You must constantly report your research to the world,’ and he encouraged young doctors to study abroad,” says Oe. Convinced that intravascular ultrasound was the future for

identifying plaques, he sent students one after another to learn the technique at Stanford, resulting in seminal reports on [no-reflow diagnosis](#) and [plaque rupture](#) which laid down treatment standards in practice today.

“Many young researchers were stimulated and enlightened by him,” says Shimada. “And those students are the ones bearing Japan’s cardiovascular research today.”

Photo courtesy of Dr. Kenei Shimada

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