

Atrium

This issue opens with an article by Fernando A. Navarro on words with very similar spelling in English and Spanish but with different meanings, such as the term auricle.

In the first editorial, García-Izquierdo Jaén and Goicolea Ruigómez discuss an original article by Córdoba-Soriano et al. who, on the basis of a multicenter registry, analyze the safety and feasibility of outpatient percutaneous coronary intervention in selected patients. This intervention could be effective in reducing costs and waiting lists. The authors included 723 patients who were discharged between 4 and 12 hours after the intervention and observed only 1 major event in the first 24 hours after discharge. García-Izquierdo and Goicolea summarize prior evidence and discuss the applicability and potential economic impact of this strategy, stressing that the published registry is the first Spanish registry and the largest in the literature. However, they conclude that the ideal profile of candidates for this strategy is far from obvious.

In the second editorial, Alfonso and García-Guimares discuss the study by Chavarría et al., which analyzes 330 patients who underwent bioresorbable vascular scaffold implantation; the restenosis rate was 5.4% and most occurred late or very late and were focal or located in the proximal border on optical coherence tomography. The authors of the editorial bring us up to date on the controversy surrounding the indications for these bioresorbable devices in daily clinical practice and include some comments on the ABSORB II trial.

In the final editorial in this issue, Castellano Vázquez discusses the study by Bea et al., who propose that traditionally used equations to estimate the risk of cardiovascular events in the general population are not useful in patients with genetic hypercholesterolemia, in whom risk stratification is more complex. To calculate this risk, the authors analyzed the presence of carotid artery plaque as a possible marker of the risk of events in 1778 patients with genetic hypercholesterolemia. After 6.26 years of follow-up, most cardiovascular events occurred in a subgroup of patients who could be identified by the presence of carotid artery plaque and whose adjusted risk of events was 2-fold higher than that in patients without plaque. The usefulness of this association in future risk stratification systems will need to be explored in further studies.

The last of the original articles published in this issue is a retrospective study aiming to provide an answer to a clinically important question: are Smith algorithms useful for the diagnosis of acute myocardial infarction in the presence of left bundle branch block? Di Marco et al. analyzed 145 patients with symptoms compatible with acute myocardial infarction and left bundle branch block on the presenting electrocardiogram who were referred for primary percutaneous coronary intervention. Smith I and II rules showed high

specificity (90% and 97%, respectively) but suboptimal sensitivity (67% and 54%). Thus, the authors estimate that, using a strategy guided by these rules, between 33% and 46% of patients with an ST-segment elevation myocardial infarction would not undergo a primary percutaneous coronary intervention. Although the definitions used by the authors are not identical to those used in the original algorithms, the message that this condition continues to be a diagnostic challenge remains valid.

This issue also includes a special article and 2 review articles. The special article, by Íñiguez-Romo et al., describes the RECALCAR project (Spanish acronym for Resources and Quality in Cardiology) and its main findings to date. As our readers know, RECALCAR has 2 data sources: a) a survey on resources, activity, and quality in cardiology departments, constituting a registry accredited by the Ministry of Health as being of interest to the Spanish national health system, and b) the minimum basic data set (MBDS) of the Spanish national health system. This special article stresses the significant variation between autonomous communities and centers in both resources and activity. We believe that RECALCAR is a major initiative and encourage readers to read this article. We also request that all cardiology departments complete the survey annually sent out by the Spanish Society of Cardiology. The 2 review articles are the first of a short series on cardiology, whose publication this year is opportune, given that this field is a highly important emerging and complex subspecialty. In the first of these articles, Madonna discusses mechanisms of cardiotoxicity and reviews several techniques for its early detection, including the future use of “-omics” techniques. In the second article, Nhola and Villarraga discuss in detail the optimal characteristics of multidisciplinary teams dealing with the cardiovascular complications of cancer treatments and providing medical assistance to these patients.

This issue also contains Suárez de Lezo's obituary for our much loved colleague Alfonso Medina Fernández-Aceytuno. We hope that these lines will serve as a posthumous expression of our gratitude for the work of an outstanding and dedicated professional with a strong vocation to serve. *Revista Española de Cardiología* had the honor of publishing his classification of coronary bifurcation lesions, the most widely cited article published in our journal to date.

As always, don't forget to take a look at the excellent images in this issue and read the Scientific letters and Letters to the Editor, which will undoubtedly stimulate an enriching debate or take part in our monthly ECG Contest.

Ignacio Ferreira-González
Editor-in-Chief