

Atrium

In the opening article of this issue Fernando A. Navarro explains that expressions such as “right heart” and “left heart” are imprecise. Once again, the “Into the Heart of Terminology” section makes us reflect on the correct use of medical language.

In the first of the editorials, Pasipoularides comments on a study by Pérez-Sánchez et al. that aimed to provide an in-depth analysis of whether sex, hypertension, and physical activity modulate the severity of hypertrophic cardiomyopathy and to establish their role in disease penetrance depending on age at diagnosis. Specifically, they analyzed 272 participants from 72 families with a causative mutation and studied the relationship between sex, systemic hypertension, and physical activity with left ventricular hypertrophy. Although they report that the proportion of affected individuals increased with age and that men were diagnosed 12.5 years earlier than women, hypertensive patients 10.8 years later than normotensive patients, and individuals who undertook physical activity 7.3 years earlier, none of these factors was associated with greater disease severity in terms of the risk of sudden cardiac death. In the accompanying editorial, Pasipoularides provides an excellent review of the genetic/genomic context in hypertrophic cardiomyopathy, phenotypic characterization of the disease by multisensor catheterization and, in short, of hypertrophic cardiomyopathy in the genomic era. Both the original article and the editorial are published as open-access articles and the former is discussed in the Editor's pick video.

The title of the second editorial is a direct enticement to read the article: “Atrial Fibrillation: A Riddle Wrapped in a Mystery Inside an Enigma”. In this article, Lawson and Mamas discuss the original study by Clavel-Ruipérez et al., which aimed to analyze the impact of atrial fibrillation on mortality depending on admission diagnosis: acute decompensated heart failure, acute myocardial infarction, or stroke. This is a retrospective study conducted in 6613 patients. In summary, the authors found that the presence of atrial fibrillation at diagnosis of these conditions was associated with a higher risk of mortality in acute myocardial infarction and stroke, but not in decompensated heart failure. As stated by the authors of the editorial, this is a timely study, because there is ongoing debate on whether the prognostic impact of atrial fibrillation depends on the underlying heart disease. The study has certain strengths, because it was conducted in an unselected population, but also weaknesses, since it was impossible to establish the type of atrial fibrillation and its time of onset. Lawson and Mamas stress that atrial fibrillation is a widely heterogeneous condition and consequently it is essential to specify its type and time of onset when analyzing its prognostic impact.

In the last of the editorials, Pasala and Ruiz wonder whether, with the advances made in the last few years in the field of TAVI, now is the time to consider its use as the first option in patients with severe aortic stenosis. To answer this question, they exhaustively review all the elements associated with the procedure that need to be considered to ensure that the intervention is safer and at least as effective as conventional surgery. The specific questions to be addressed are the risk of paravalvular leak, thrombosis and stroke, vascular and bleeding risk, the need for pacemaker implantation, and the durability of the prosthesis. In addition, the cost-effectiveness of the procedure must obviously be assessed, which varies tremendously depending on the health system, and will undoubtedly be the main determinant of the widespread use of the procedure as the first option.

In the next original article, Campelo-Parada et al. examine the timing of onset and outcome of new conduction abnormalities and the impact of balloon aortic valvuloplasty on the persistence of these disorders in 347 patients; of these, 75 had a continuous electrocardiogram recording and a 6-lead electrocardiogram at each step of the procedure. Among monitored patients, new-onset left bundle branch block occurred in 48 (64%) and third-degree atrioventricular block in 16 (21.3%), with 51.5%

of conduction abnormalities occurring before valve implantation. Blocks occurring before valve implantation persisted more frequently at discharge and at 1-month follow-up. Moreover, the use of balloon aortic valvuloplasty was also associated with persistence of conduction abnormalities at discharge and during follow-up.

Also in this issue, Sangrós et al. present an epidemiological study based on anthropometric measurements in primary care. Specifically, they perform a cross-sectional study of the information gathered from 2022 participants in the PREDAPS study and estimate the magnitude of the association of various anthropometric indicators of obesity with hypertension, dyslipidemia, and prediabetes (altered fasting plasma glucose and/or glycosylated hemoglobin). In summary, the authors observed that indicators of abdominal obesity showed the strongest association with the presence of prediabetes, while the association of anthropometric indicators with hypertension and dyslipidemia showed heterogeneous results.

In the next original article, León-González et al. question the association between health literacy and health outcomes in very old patients with heart failure. The question is timely, as studies conducted in other countries have observed that the health literacy of relatively young patients with heart failure and a high educational level is associated with lower mortality. The authors conducted a prospective study in 556 very old patients (mean age, 85 years) with high comorbidity, admitted to the geriatric units of 6 hospitals for heart failure. A total of 74% of the patients had less than primary school education and 71% had preserved systolic function. Health literacy, knowledge of heart failure and self-care were assessed in specific questionnaires. In general, there was no association between health literacy and 1-year mortality. The authors believe that this could partly be explained by the lack of association between literacy and self-care. What the study demonstrates is that, in the type of population included—very old, with high comorbidity and different diseases—it can be very difficult to find and interpret associations.

In the last original article in this issue, Wangüemert Pérez et al. present their experience of the use of flecainide in the treatment of catecholaminergic polymorphic ventricular tachycardia. Of a total of 174 patients from 7 families with a genotypic diagnosis, flecainide was used in 18. In these, the authors analyzed the indications, adverse effects and dosage, clinical events, ventricular arrhythmias and arrhythmic window during exercise, and implantable cardioverter-defibrillator shocks. Although this was a case-series study, flecainide reduced the number of clinical events, exercise-induced ventricular arrhythmia, the arrhythmic window and implantable cardioverter-defibrillator shocks, and was generally well-tolerated.

Fontan-associated liver disease refers to the changes produced in the liver secondary to hemodynamic alterations and systemic venous congestion following Fontan surgery and may give rise to a certain type of complications in relation to portal hypertension. Consequently, we have included a timely review on the topic by Téllez et al. in this issue.

This issue also includes the traditional Editor's Page, in which the editorial team summarizes the last year's activity of *Revista Española de Cardiología* and mentions plans for the future. The article is well worth reading because it announces plans for a new secondary journal of *Revista Española de Cardiología*, which we believe will be of interest to our readers.

As always, don't forget to take a look at the excellent images in this issue and read the letters, which include information on notable advances in interventional cardiology, risk factors, and cardiac pacing. We also encourage you to take part in our monthly ECG Contest.

Ignacio Ferreira-González
Editor in-Chief