Atrium

This issue opens with an editorial comment, drafted by the corresponding working group of the Spanish Society of Cardiology, highlighting the most important and novel contributions of the European Society of Cardiology guidelines for the diagnosis and treatment of acute and chronic heart failure. Among other novelties, the comment highlights the introduction of the controversial term "heart failure with mid-range ejection fraction" and makes some pertinent observations. Readers can find a Spanish translation of the complete guidelines in the digital version of this issue. Another editorial, by Boccara et al., provides a general overview of HIV and heart disease. Perhaps the greatest challenge in HIV-infected patients is total cardiovascular risk assessment because, due to the revolution brought about by antiretroviral therapy, the exponential rise in the life expectancy of these patients and other characteristics associated with HIV infection and its treatment, cardiovascular risk in these patients differs from that conferred by non–HIV-related factors. Consequently, the editorial is complemented by a review by Rasposeiras-Roubín et al. that aims specifically to discuss this issue in detail. We also believe that this review will be especially useful for clinicians, as it contains tables with detailed information on the drug interactions of currently available antiretroviral agents.

The original articles in the December issue include 3 articles on percutaneous coronary revascularization. The first is a study by Panoulas et al. comparing the 1-year rate of major adverse cardiovascular events in 2 groups of 70 patients each: one group was treated with overlapping bioresorbable scaffolds and the other group was treated with overlapping everolimus-eluting stents. At 1 year, no differences were observed in event rates between the 2 groups or in target vessel or target lesion revascularization. Consequently, the authors conclude that treating long lesions with overlapping bioresorbable scaffolds is feasible. A strength of the study is its use of propensity matching, while a limitation is that, due to the small number of patients, it should only be considered hypothesis-generating. In the second article, Wiebe et al. analyzed the 1-year follow-up of 250 patients who had undergone implantation of at least 1 everolimus-eluting bioresorbable scaffold in various contexts (acute coronary syndrome in 61.6%) and in complex lesions; the authors conclude that the technique is technically feasible with adequate mid-term outcomes. Although the information from these studies is welcome, given that the mid-term impact of this type of stent is unknown–especially in small vessels due to the size of the scaffold–randomized studies with sufficient statistical power are needed to obtain conclusive information. In the third article, van Houwelingen et al. present a subanalysis of the TWENTE II clinical trial. The subanalysis included the 2-year follow-up of 817 patients with non–ST-segment elevation or ST-segment elevation myocardial infarction who underwent percutaneous revascularization with second-generation drug-eluting stents (Resolute Integrity and Promus Element); the authors conclude that both devices are safe and effective in acute myocardial infarction. Although the results are drawn from a randomized clinical trial, an important consideration is that the analysis is post hoc, which is always less valid than an analysis of the original hypothesis. The fourth and final original article in this issue is a study by Barge-Caballero et al. analyzing the prognostic impact of *Toxoplasma gondii* serostatus in 650 heart transplant recipients. Although seropositive recipients (n = 481) had a somewhat higher total mortality rate than seronegative recipients (n = 176), seropositivity was not independently associated with survival or other outcome variables, such as the rate of infection, coronary allograft vasculopathy, or retransplant. This is not the first study to report this lack of association but the topic has generated a certain debate because other studies have reported an association between *Toxoplasma gondii* seropositivity and adverse outcomes in heart transplant recipients. As mentioned by the authors, their findings indicate that the association between *Toxoplasma gondii* serostatus and the outcomes reported in some studies could be the result of a confounding bias due to a higher mean age at intervention and a higher prevalence of comorbidities. This open-access article is accompanied by an interview with the author in the Editor's pick section on the journal's website.

Special articles published in this issue include the yearly Spanish registries on implantable cardioverter-defibrillators, cardiac catheterization and interventional cardiology, and pacemakers. As occurs every year, the corresponding sections provide an update of the resources and outcomes in each of these branches of medicine, a basic requirement for the large-scale monitoring of these subspecialties in the Spanish health care system.

Finally, don't forget to take a look at the excellent images in this issue or to read the scientific letters or letters to the Editor, which will undoubtedly stimulate a lively and enriching debate.

Ignacio Ferreira-González
Editor-in-Chief

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