

Atrium

This issue opens with an interesting comment by Fernando A. Navarro discussing the term “pulse-taker”, reminding us of the importance of pulse palpation in the origins of cardiology.

In the first of the editorials, published as an open-access article, Fernández Solà discusses an original article by Amor-Salamanca et al. analyzing the long-term prognostic impact of left ventricular ejection fraction recovery in alcoholic cardiomyopathy, as well as its potential predictors. Briefly, of 101 patients with alcoholic cardiomyopathy and a median follow up of 82 months, substantial left ventricular ejection fraction recovery was found in 42 patients and this improvement was associated with better outcomes. Curiously, alcohol cessation did not predict left ventricular ejection fraction recovery, although none of the patients who persisted with heavy alcohol use showed recovery. The predictive factors of recovery identified included QRS < 120 ms, beta-blocker therapy, and the absence of diuretics. Fernández Solà, who provides an excellent historical review of major concepts in this disease, highlights the need to advise patients to completely abstain from alcohol, even though moderate consumption was also associated with left ventricular ejection fraction recovery.

In the second editorial, Piccolo and Kolh discuss a study by Cassese et al. analyzing the incidence and predictors of recurrent restenosis after drug-coated balloon angioplasty for restenosis of a drug-eluting stent. Cassese et al. analyzed the clinical and lesion data of patients included in 6 randomized trials of drug-coated balloon angioplasty for the treatment of drug-eluting stent restenosis. The analysis of 484 patients with angiographic follow-up showed that lesion length and vessel size were independently associated with recurrent stenosis, which occurred in 1 out of 5 patients. Piccolo and Kolh stress that, although recurrent restenosis is uncommon in relative terms, in absolute terms more than 50 000 patients in Europe develop this complication annually. Consequently, they highlight that studies such as that published in *Revista Española de Cardiología* are useful in the optimal selection of cases of restenosis suitable for treatment with drug-coated balloon angioplasty.

In the last of the editorials, Barrios and Escobar discuss several aspects of the new, highly controversial US guidelines on high blood pressure. The authors are critical of the new threshold to define hypertension (130/80 mmHg), as they argue that it is contradictory to significantly increase the number of patients diagnosed with hypertension when most of them will not be prescribed antihypertensive drugs as they are at low-risk, although they acknowledge that increasing the number of patients advised to make “lifestyle changes” could be useful. The authors also comment on other aspects of the guidelines, such as the emphasis on adequately measuring blood pressure and the diagnostic and therapeutic approach to secondary hypertension in patients with specific comorbidities.

In the next original article, Ryan et al. evaluate the value of the SYNTAX score II in predicting events in patients undergoing transcatheter aortic valve implantation (TAVI). To do this, the authors reviewed the preprocedural TAVI angiograms of 402 patients and stratified them in 3 groups according to

SYNTAX I and II tertiles. They found a clear association between the SYNTAX score II and mortality and major bleeding at 30 days. The highest SYNTAX II tertile had a clearly higher risk of major adverse cardiovascular events (MACE) at 1 year. From a conceptual point of view, it is perhaps striking that a score designed for other objectives is able to predict events in other contexts, such as TAVI, although it is highly possible that the angiographic variables are closely correlated with other clinical variables related to general prognosis, which could explain this “collateral effect” of SYNTAX II.

In the last of the original articles in this issue, Labata et al. analyze the impact of an intermediate care unit on length of stay and outcomes (in-hospital mortality and 30-day readmission) after cardiac surgery in 1324 consecutive patients, depending on the admission period: prior to and after the implementation of the intermediate care unit. The introduction of the new system for postoperative care significantly reduced both the mean length of stay in the intensive care unit and in-hospital length of stay (from 13.5 ± 15 to 12.7 ± 11 days), with no statistically significant differences in in-hospital mortality or 30-day readmissions.

A common feature of all cardiology departments and units is the use of technology. It is essential to have adequate, up-to-date and well-functioning technology. In Spain, the economic situation has strongly impacted technology renewal programs and obsolescence is a growing problem. Consequently, it is particularly timely to include in this issue a special article on a report, drafted by professionals from distinct subspecialties, indicating the conditions that must concur to update, replace or adopt new technologies in the field of cardiology. We hope that the article by Fernández Lozano et al., which is published as an open-access article, will be of help in the difficult task of unit management. The paper addresses technological needs and requirements in areas of imaging (echocardiography, computed tomography, magnetic resonance), electrophysiology and cardiac catheterization and describes the current technological profile of these units, which are clearly suboptimal and contrasts with the excellent international standing of Spanish cardiology. All of this should prompt hospital managers and politicians, both in the autonomous communities and in Spain as a whole, to reflect on the issue and hopefully take action to reduce the technological gap between Spain and other similar countries.

Last, this issue includes an excellent review by Warisawa et al. on coronary physiology. Fractional flow reserve, which is useful to determine which lesions could benefit from revascularization in the catheterization laboratory, is being replaced by the “instantaneous wave-free ratio”. The review provides an in-depth analysis of the concepts of fractional flow reserve and instantaneous wave-free ratio, the evidence supporting their use and their future prospects.

As always, don't forget to take a look at the excellent images in this issue or read the letters. We also encourage you to take part in our monthly ECG Contest.

Ignacio Ferreira-González
Editor-in-Chief