Atrium

In this issue, Fernando A. Navarro discusses short-hand medical terms, a resource that is widely used but, when referring to English terms, can be problematic, as occurs with the term "eco" in Spanish and its counterpart "echo" in English.

In the first of the editorials, Rosés-Noguer and Moya-Mitjans discuss an original article by Alonso-García et al. aiming to describe the characteristics and results of a contemporary series of catheter ablations of arrhythmias in children and adolescents in a tertiary referral center. The authors reviewed 291 procedures in 224 patients (mean age, 12.2 years). The most frequent substrate was accessory pathways and 16.8% had congenital or acquired heart disease. The success rate for primary procedures was 93.5%. The authors of the editorial review the indications for treatment in this population, as well as the efficacy reported in other series and the most common complications, stressing the need for national registries, which could be used to extract valuable information on outcomes. Both the original article and the editorial are published as open-access articles.

In the second editorial, Pan and Ojeda discuss 2 original articles on bifurcation coronary lesions. In the first, Salinas et al. analyze 2746 ST-segment elevation acute myocardial infarctions, in which they found 274 (10%) bifurcation culprit lesions. This observational study compared the procedures performed in bifurcation culprit lesions with those performed in patients without these lesions with propensity matching (1:1). Compared with the group with nonbifurcation culprit lesions, patients with these lesions underwent more technically complex procedures in terms of balloon dilatation, longer procedural time, and greater contrast use, although main branch angiographic success was similar and there were no differences in 30-day or 5-year mortality. In the other related original article, Choi et al. compare, also in the context of primary angioplasty in ST-elevation myocardial infarction, clinical outcomes between 1-stent and 2-stent treatment strategies. Data were drawn from a retrospective multicenter registry including 2897 consecutive patients, of which 367 patients (12.7%) had bifurcation lesions, 304 patients were treated with a 1-stent strategy, and 63 with the 2-stent strategy. The rate of major adverse cardiovascular events (MACE) was significantly higher in the 2-steng group than in the 1-stent group (HR, 1.85; 95%CI, 1.19-2.87; $P = .006$), mainly due to a high rate of revascularization of the target lesion and stent thrombosis. The authors of the editorial highlight the strengths and weaknesses of the 2 studies, such as knowledge of the long-term prognostic implications of this type of lesion in the former and the scarcity of prior studies on the most effective treatment strategy in this type of patient in the latter.

This issue includes 2 more editorials. In the first, Costa and Brugaletta discuss the complexity of antithrombotic treatment in patients with acute coronary syndrome, which includes the choice of the best antiplatelet combination, optimal duration and, ultimately, the potential indications and evidence on the long-term use of low-dose anticoagulants in clinically stable patients. In the final editorial article, which is open-access, the working group of the Spanish Society of Cardiology provides an exhaustive commentary on the recently published guidelines on syncope (the Spanish translation is published in this issue), highlighting its essential contributions and potential gaps. This year, the commentary is accompanied by a glossary of terms, which the authors believe will be of special interest to readers.

In the next original article, Agra Bermejo et al. analyze the incidence and prognosis of heart failure and the influence of LVEF in the setting of acute coronary syndrome in a retrospective study of 6208 consecutive patients admitted to 2 Spanish hospitals. Patients with an LEVF of 40% to 49% had a demographic and clinical profile with intermediate features between patients with LVEF $< 40\%$ and those with LVEF $\geq 50\%$. However, mortality and readmissions for heart failure were similar in patients who developed heart failure independently of LVEF, and therefore this parameter was only a prognostic predictor in patients without heart failure.

In the last original article in this issue, Caneiro-Queija et al. analyze the differential prognostic impact on mortality of myocardial infarction versus bleeding severity after discharge in patients with acute coronary syndrome, classified by the Bleeding Academic Research Consortium (BARC). The study included 4229 patients with acute coronary syndrome who underwent coronary angiography. Myocardial infarction had a stronger impact on mortality than BARC type 2 and 3a bleedings but was equivalent to type 3b bleeding and its impact was lower than after BARC type 3c bleeding. Moreover, the subsequent mortality risk was modified by the type of antiplatelet therapy prescribed at the time of the event (antiplatelet monotherapy or dual antiplatelet therapy).

Two reviews are also included in this issue. In the first, de Torres-Alba et al. discuss a common problem and one which will become increasingly frequent in patients with tetralogy of Fallot who have undergone surgical repair, namely right ventricular outflow tract dysfunction. This is undoubtedly the most common complication and affects most patients in the form of pulmonary regurgitation, pulmonary stenosis, or both, and can lead to symptoms of exercise intolerance, arrhythmias, and sudden cardiac death. The article reviews the pathophysiology, current indications, and treatment options for RVOT dysfunction in patients with surgically repaired tetralogy of Fallot, with special emphasis on the role of percutaneous pulmonary valve implantation in the therapeutic approach in these patients.

In the second review, Mahmood and Lip delve into a topic of special interest to clinicians, namely anticoagulation in patients with atrial fibrillation and severe or end-stage renal dysfunction. The topic has, moreover, acquired special relevance since the development of the new oral anticoagulants in patients with chronic kidney disease. In the second part of the review, the authors summarize current knowledge on the safety and efficacy of these agents in the prevention of stroke and systemic embolism in patients with severe or end-stage renal dysfunction.

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

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