

Atrium

The term “severe” in English is not always equivalent to *grave* in Spanish. This month's article by Fernando A. Navarro delves into the linguistic wealth of the Spanish language and contains a short exercise to help readers discover it.

Of the 3 editorials in this issue, 2 are comments on ESC clinical practice guidelines one on cardiovascular diseases during pregnancy and another on the management of arterial hypertension. The corresponding working groups of the Spanish Society of Cardiology highlight the most important points of these documents, as well as their most relevant changes and gaps. Both the Spanish translations of these guidelines and the accompanying comments are published as open-access articles.

In the third editorial, Das et al. analyze the use of cardiac magnetic resonance for prognostic stratification in myocardial infarction. Because of its high accuracy in quantifying ventricular function and characterizing myocardial tissue, which can be used to precisely measure infarct size and viable tissue, this technique is highly useful in the treatment of these patients. The authors ask whether, once its limitations have been minimized or overcome (eg, the time needed for its performance, controlled frequency, contrast use), cardiac magnetic resonance will become a routine test.

Among the original articles in this issue, Hwang et al. report an interesting study aiming to determine the association between reciprocal changes in the ST-segment with myocardial injury evaluated by cardiac magnetic resonance in patients with ST-elevation myocardial infarction. Of 244 patients treated with primary percutaneous coronary intervention (first myocardial infarction), reciprocal changes were identified in 133 (54.5%). These patients had a lower incidence of anterior myocardial infarction, a shorter interval between symptom onset and restoration of coronary flow, a larger area at risk, and a greater myocardial salvage index, although the size of the myocardial infarction and prognosis did not differ after 2 years of follow-up.

In the next original article, dealing with health care management, Gallego-Delgado et al. analyze the activity, quality of care, and cost-effectiveness of a cardiology day hospital. The start-up of this strategy involved converting slightly more than two-thirds of invasive procedures to the ambulatory setting, without sacrificing quality of care, which substantially reduced hospital admissions. This was a retrospective analysis that calculated the economic savings, based on estimated savings (by hospitalization rates) due to avoided hospitalizations; the authors did not calculate or compare the actual costs between the 2 comparable patient groups. However, we believe that in general this approach is valuable.

Hypertrophic cardiomyopathy is the most frequent inherited cardiac disease and the current challenge lies in accurate classification of the pathogenicity of the variants associated with this condition. In the next original article, Lorca et al. assess the penetrance and clinical expression of the *MYBPC3* p.G263 variant based on 384 probands with hypertrophic cardiomyopathy and a control cohort of 450 healthy individuals. The study found that *MYBPC3* p.G263* shares with most truncating pathogenic variants in this gene a late onset, relatively benign clinical course in young persons, and high penetrance. Another interesting finding is that cardiac magnetic resonance assessment increased the penetrance rate to 87% and consequently this technique could be useful in the evaluation of carriers.

In another original article, Pellegrini et al. estimate the rates and predictors of permanent pacemaker implantation and new conduction abnormalities with transcatheter implantation of a new self-expanding aortic valve (ACURATE neo). Up to 9.9% of patients required a new pacemaker, and this need was associated with a higher body mass index and a higher rate of right bundle branch block and bradycardia, while no independent association was found with the remaining predictors studied (such as implantation depth, and device-to-annulus ratio). New-onset conduction abnormalities occurred in 22.8% of patients, which was associated with a higher logistic EuroSCORE.

It goes without saying that one of the challenges faced by the cardiology of the future and by medicine in general is the increase in the elderly and very old population, who have a higher risk of iatrogenic complications when undergoing invasive examinations. Moreover, there is far less scientific evidence in this population segment, since it is underrepresented in clinical trials. In the next original article, Sanchis et al. present the design of the MOSCA-FRIL clinical trial. This randomized multicenter trial will compare an invasive vs conservative strategy in frail (at least 4 categories in the Clinical Frailty Scale) elderly (> 70 years) patients admitted for non-ST-segment elevation acute coronary syndrome. We believe that this study will provide highly useful information for clinical practice and consequently we encourage all researchers to include patients so that a definitive answer can be found to the research question.

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