

Atrium

We are pleased to open the first issue of the year with a new section, entitled “Into the heart of terminology” in which each month Fernando A. Navarro, physician, translator and correspondent of the North American Academy of the Spanish Language, among other positions, will discuss the etymology, peculiarities, and frequent doubts about especially complex medical terms, as well as their most appropriate translation. The section opens with the term *polypill*, given that the issue includes an original article on this treatment strategy. We trust that readers of *Revista Española de Cardiología* will enjoy these terminological excursions guided by the hand of Fernando A. Navarro.

This issue also includes an editorial comment, drafted by the corresponding Working Group of the Spanish Society of Cardiology, highlighting the most important and novel aspects of the recent European Society of Cardiology guidelines on atrial fibrillation. Readers can find a translation to Spanish of the complete guideline in the digital version of the journal. We have also included a timely editorial by Dudzinski and Horowitz on the organization and functioning of a multidisciplinary pulmonary embolism response team, in which the cardiologist obviously plays an important role. This is an interesting model that was first used in Boston in 2012. The authors discuss the details of the health care associated with this new model and attempt to explain its benefits in terms of rapidity of response, although there are, as yet, no results on survival, effectiveness, or cost-effectiveness. Last, Morgan and Wiles reflect on whether left ventricular endocardial pacing is the future of cardiac resynchronization therapy; the initial results are already available and are promising, at least as regards safety. Within a short space of time, leadless endocardial resynchronization systems may become available.

The first original article in this issue reports a particularly interesting basic research study by Maffei et al., who analysed the role of PI3K γ in diabetic cardiomyopathy in mice. Specifically, the authors document the recovery of cardiac function in both mice with genetic ablation of PI3K γ or knock-in for a catalytically inactive PI3K γ . PI3K γ could undoubtedly represent a future therapeutic target in diabetic patients. In the second original article, Kovarnic et al. report plaque

phenotypic changes in a baseline/follow-up intravascular ultrasound-based virtual histology study in nonculprit vessels in a subgroup of 61 patients from the HEAVEN trial and show that the pathologic intimal thickening plaque phenotype detected in an initial analysis had a greater tendency during follow-up to transform into thin cap fibroatheroma and had a higher risk of rupture. Although the findings are not completely original and some details of the analysis, such as the subdivision of the unit of analysis in 5-mm long segments, require somewhat complex interpretation, they will undoubtedly help to elucidate the concept of “dynamic plaque”. In another original article, Papageorgiou et al. studied the association between 2 polymorphisms of the fibrinogen gene and the presence of inflammatory mediators and coronary artery atherosclerosis. The potential association between fibrinogen genetic variability and coronary disease is controversial. In this work, despite the potential limitations of an observational study (eg, possible confounding factors, variety of definitions, sample heterogeneity), a higher risk of coronary disease was found in A homozygotes for the rs180070 polymorphism, as well as an association between fibrinogen and coronary disease in hypertensive patients. The final original article deals with the previously mentioned topic of the polypill. Barrios et al. analyze the cost-effectiveness of the polypill in the Spanish health system compared with the use of its components separately. Although the authors use an adapted version of the model developed for the British health system, the polypill strategy was cost-effective if we assume—as is usually assumed—a willingness-to-pay of 30 000 euros per quality-adjusted life year.

Among the scientific letters in this issue are 4 that highlight, in the opinion of the authors, the most relevant advances of the last year in geriatric cardiology and cardiac pacing. The issue closes with commentaries and reviews of 3 recently published books, which we hope will be useful. Finally, don't forget to take a look at the excellent images and take part in our monthly ECG contest.

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Editor-in-Chief