

## Atrium

Continuing the theme of words spelt identically or very similarly in English and Spanish but with clearly different meanings, Fernando A. Navarro opens this issue with an article on the differences between effusion and effusive.

As a novelty, this issue contains two complementary comments on the same original article. The work in question, by Sambola et al., aimed to assess the efficacy of colchicine in patients with acute idiopathic pericarditis in patients not receiving corticosteroids. The randomized, open-label, clinical trial assigned one group of patients to conventional anti-inflammatory therapy (n = 51) and the other to conventional anti-inflammatory therapy plus colchicine for 3 months (n = 59). The authors found no differences in the recurrence rate at 2 years between the conventional treatment group (7.8%) and the group receiving colchicine (13.5%), a finding that contradicts clinical guideline recommendations. In the first of the editorials, Chhabra and Spodick rate the clinical trial highly. Although they highlight the odd obvious weakness, such as the lack of echocardiographic and biomarker follow-up, they believe that the findings provide a valid reason to reconsider colchicine use in this population. In contrast, in the second editorial, Imazio expresses serious doubts that the findings of the trial could be extrapolated to clinical practice. His reasons are that, in addition to the lack of echocardiographic and biomarker follow-up, the colchicine doses used in the trial were too high, which could lead to treatment withdrawals due to adverse effects. Moreover, he also believes that the exclusion of patients also receiving corticosteroids constitutes another limitation to the external validity of the study.

In the last of the editorials in this issue, Escaned discusses a study by Ahn et al. evaluating long-term clinical outcomes after percutaneous coronary intervention vs optimal medical therapy in patients with chronic total coronary occlusion. Among 1547 patients enrolled in a single center study, cardiovascular mortality was compared between the two groups after propensity score matching. The main finding was an association between revascularization and lower cardiovascular mortality in patients who underwent revascularization of the proximal or middle left anterior descending artery. This association was not found in patients who underwent revascularization of other coronary vessels. The accompanying editorial, which readers will find thought-provoking, mentions the weaknesses of the study but highlights the relevance of its findings. The author wonders whether we should adopt a more active approach to these highly common lesions, in which the success of the intervention depends on operator experience.

No prognostic models have been developed in the population of patients with myocardial infarction treated with venoarterial extracorporeal membrane oxygenation. In the next original article, Choi et al. report a risk prediction model for in-hospital mortality in this population. The study included 145 patients. As expected, mortality was high (47.6%). A worse prognosis was associated with age, body mass index, Glasgow Coma Scale, lactic acid concentration, localization of the infarction, and the success of revascularization. The score showed good discrimination (C-statistic = 0.88; 95% CI, 0.82-0.94). Although the current clinical usefulness of a risk prediction model is questionable after instauration of extracorporeal life support, it is also true that,

given the exponential growth of the use of this technology, such a model could be highly useful in the future.

One of the most dreaded complications in patients undergoing left-sided valve surgery for rheumatic heart disease is late functional tricuspid regurgitation. In the next original article, Mahía et al. compare the usefulness and accuracy in predicting this complication of 3-dimensional transthoracic echocardiography tricuspid area vs conventional 2 dimensional area. They also propose cutoff points to improve patient selection with a view to reducing this complication. Tricuspid regurgitation was divided into 3 groups, depending on severity. The authors found that tricuspid area quantified by 3-dimensional transthoracic echocardiography helped to reclassify the indication for surgery in 14% of patients with mild tricuspid regurgitation and in 37% of those with moderate tricuspid regurgitation. Consequently, the current 40-mm threshold based on 2-dimensional echocardiography, underestimates tricuspid annulus dilatation.

In the final original article in this issue, Fernández-Gassó et al. report a study aiming to study the pattern in rates of first hospitalization for heart failure. To do this, the authors analyzed the Minimum Data Set. A total of 8258 incident patients were identified, with annual rates increasing + 2.5% until reaching a peak of 1.24/1000 inhabitants. This was accompanied by high mortality, with 5-year survival being 40%. The study also reports that most readmissions were concentrated in the period prior to death.

Because of longer survival among cancer patients, cardiologists now treat the numerous cardiovascular complications in this population. These situations are often highly complex and without evidence on safe and effective treatments. For that reason, cardio-oncology, a discipline of clinical cardiology, is showing an exponential increase. This issue includes a special article consisting of an expert consensus document and recommendations on the treatment of atrial fibrillation in patients with active cancer. In the document, experts from several scientific societies analyze current knowledge of the topic and propose various strategies, mostly based on their experience in the field.

If, in the last few years, there has been a single advance that may represent a change in our vision of cardiovascular disease and that could produce a change of perspective in its treatment in the future, then that advance must surely be knowledge of the relationship between inflammation and atherosclerosis. This issue includes a "Focus" section with 2 articles: the first reviews current knowledge on the biology of interleukin 1-beta, a key regulator of inflammatory response in atherosclerotic plaque and the target of the first clinical trial demonstrating the efficacy of an anti-inflammatory drug to reduce cardiovascular risk; the second article summarizes the main anti-inflammatory strategies and associated molecular mechanisms that are currently under assessment in several clinical trials.

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