



## From Editor-in-Chief: On current issue, updates on policies and ethics, insights from ESC 2022 congress and more, long COVID and welcome to new Editors

Dear readers,

We wish you a successful academic and clinical year, hope you had a nice summer holidays.

In current issue you can find Editorial on management of blood pressure in children and adolescents in light of AHA statement 2022; original research articles on anatomy and clinical manifestations of myocardial bridging and innovative approach in management of cholelithiasis; comprehensive review on cardiovascular diseases and COVID-19, critically summarizing latest evidence; interesting case reports - first valve-in-valve transcatheter aortic valve replacement of bioprosthesis in adult patient with congenital heart disease that guides you on diagnostic steps and proper selection and placement of valve, left atrial scar-related atrial flutter ablation highlighting that scar-related atrial flutter can be sought in a patient with atypical atrial flutter and without previous ablative procedures, and congenital coronary anomaly that you can encounter during coronary angiography and primary percutaneous coronary intervention (PCI) in a patient with acute ST-elevation myocardial infarction (MI); very intriguing imaging quiz in a patient with heart failure (HF) and continuous murmur with discussion of differential diagnosis and a historical note.

We updated our page on editorial policies where you can find now responsibilities of authors, reviewers and editors in peer-review process and more info on procedures that will be

taken in case of scientific misconduct: plagiarism, falsification and fabrication of data, redundant publication. We kindly remind all authors that if you decided to withdraw manuscript you should submit a letter of withdrawal with explanation of reason. Leaving queries of Editors and office to submit revision is unethical.

Exciting event of the year to all interested in cardiology and cardiovascular surgery and relevant disciplines – ESC congress 2022 took place in Barcelona, Spain on 26-29 August. It was the first major congress after pandemics that was held live and online as well. Many colleagues had a chance to discuss live the new advancements on heart matters and also network with each other meeting colleague and friends. Four guidelines and several position papers were presented and published simultaneously during congress (1-4): guidelines on ventricular arrhythmias and sudden cardiac death management, guidelines on cardio-oncology, guidelines on pulmonary hypertension and cardiovascular assessment of patients undergoing noncardiac surgery. We will present what is new in these guidelines in the next issue and they will appear online as early in October 2022 to attract attention of our readers to these latest evidence-based recommendations and use in their clinical practice. Interesting trials were presented at congress and here are some that caught my interest: DELIVER, TIME, INVICTUS, SECURE, REVIVED-BCIS2, eBRAVE-AF, ECHONET-RCT (5).

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DELIVER trial – demonstrated that dapagliflozin can be used in patients with HF with mildly reduced and preserved ejection fraction (EF) – SGLT-2 inhibitor reduced worsening of HF by 21% and cardiovascular (CV) death by 18% in this cohort of patients (6).

TIME trial showed that there was no difference in hospitalizations for nonfatal MI, nonfatal stroke and vascular death during 5-year follow-up in patients taking at least one antihypertensive medication morning or evening. Taking in evening medication was not harmful. SECURE trial demonstrated that polypill strategy (aspirin, ramipril and atorvastatin) – medications to prevent thrombotic events, control blood pressure and lipids in secondary prevention of patients after MI reduced by 24% composite of death from CV causes, nonfatal MI, stroke or urgent revascularization as compared to strategy when these medications were taken apart (8).

Another trial REVIVE-BCIS2 showed that PCI should be guided by symptoms and not solely by reduced EF as there was no difference in composite outcome of all-cause death and hospitalization for HF in patients with severe left ventricular dysfunction (EF  $\leq$ 35%), extensive coronary artery disease and at least 4 dysfunctional viable myocardial segments undergoing PCI and optimal medical therapy. Another important presented trial is the INVICTUS trial that showed vitamin K antagonist (VKA) should remain the standard care for patients with rheumatic heart disease and atrial fibrillation (AF) as less stroke, systemic embolism, MI or death were recorded in patients taking VKA as compared with direct oral anticoagulant rivaroxaban and there was no excess of bleeding events. eBRAVE-AF study showed that use of smartphone application in screening for AF caused two times higher initiation of anticoagulant prescription by physicians as compared to conventional screening methods. ECHONET-RCT showed superiority of artificial intelligence in initial assessment of EF over human evaluation – promising approach that may aid sonographers and cardiologists to use such technology for measurement of EF. Also, substernal extravascular implantable cardioverter-defibrillator was found to effectively reduce the induced ventricular arrhythmia during implantation (8).

Recent USPSTF 2022 document (9) on use of statins in primary prevention recommends clinicians: to prescribe statin for adults of 40-75 years of age with 1 CV disease risk factor with estimated 10-year risk of CV events of 10% or more; offer selectively for those at estimated 10-year risk of 7.5%-10%; and do not prescribe statins for primary prevention for adults older than 75 years. These recommendations do not apply for adults whose low-density lipoprotein -cholesterol level is  $<$  190 mg/dl or  $<$ 4.92 mmol/l or those with familial hypercholesterolemia – these categories of adults should be treated with statins as per specific guidelines.

Regarding pandemics, we have now new bivalent vaccines effective against new variants of Omicron and we should

continue vaccinations (10). As latest studies demonstrated development of long COVID cardiac manifestations even in patients with mild disease (11).

We would like to welcome our new Editors: Maqsood Manzoor Elahi, from Dallas USA and Lahore Pakistan with expertise on pediatric and adult cardiac surgery, transplantation and circulatory support, and Vinod Kumar Chaubey from South Carolina, USA – with expertise and research areas of interest on acute coronary syndrome, percutaneous coronary interventions, assist devices and translational research. We look forward for our mutual effort to convey the best evidence-based knowledge to the attention of our readers.

We will continue publishing the best research, review and case report, images articles, letters and updates on evidence-based recommendation guidelines and article for continued medical education.

Gulmira Kudaiberdieva

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