EDITORIAL

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From Editor-in-chief: On current issue, our policies, diversity and outstanding reviewers for year 2022, interesting trials, consensus documents, and long COVID

Dear readers,

In our first issue of year 2023, you can find editorials on recent guidelines and consensus papers, that we prepared to draw your attention to the latest recommendations of ESC guidelines on noncardiac surgery from perspective of thoracic surgeon, ESC 2022 guidelines on cardio-oncology, ACC/AHA 2022 guidelines on aortic disease and AHA statement on management of elderly with acute coronary syndromes. We published research articles on atrial mechanical function after restoration of sinus rhythm in paroxysmal atrial fibrillation, on effects of smoking on myocardial remodeling as assessed by magnetic resonance imaging, role of fibrinogen in prediction of outcomes after coronary stenting and on students attitudes toward their health; review on rehabilitation of patients with deep venous thrombosis, brief report on nuclear cardiology practice outcomes during COVID-19 pandemics; interesting case report on rare coronary anomaly detected by computed tomography angiography; and articles on arrhythmia course and on research school.

For past year, we enriched our content for continuous medical education and clinical practice update publishing not only quiz articles, but also editorials on clinical guidelines updates. While major guidelines might be presented and delivered to you by your professional local societies, our expert summaries who apply recommendations in their clinical practice might help you as well to study and implement them. We have updated our instructions for authors – from now on, it is optional to submit graphical abstract of your research, review or case report, we ask also to submit your ORCID numbers, Twitter or Facebook accounts if available that will help to disseminate you published work among professional networks and colleagues.

Our diversity become richer in 2022: we received manuscripts for consideration from authors from 19 countries (Fig. 1);our 2022 reviewers are from 19 countries (Australia, Brazil, Canada, France, Germany, Greece, Italy, India, Kazakhstan, Kyrgyzstan, Mexico, Nepal, Russia, Spain, Switzerland, Turkey, UK, Ukraine and USA); and we expanded our Editorial board which is represented by editors from also 19 countries (Australia, Brazil, France, Germany, Greece, Italy, Kazakhstan, Kyrgyzstan, Monaco, Pakistan, Poland, Russia, Ukraine, Slovakia, Spain, Switzerland, Turkey, UK and USA).

We are very grateful to our reviewers and editors for their dedicated voluntary work in evaluating, selecting of evidence-based knowledge and improving its presentation. I would like to thank and appreciate our distinguished reviewers who performed reviews of more than one manuscript in 2022: Zhenisgul Tlegenova from West Kazakhstan Medical University named after Marat Ospanov, Aktobe, Kazakhstan and Ferhat Piskin from Cukurova University, Adana, Turkey. We have few more names who evaluated for 2023, I will announce at the end of the year.

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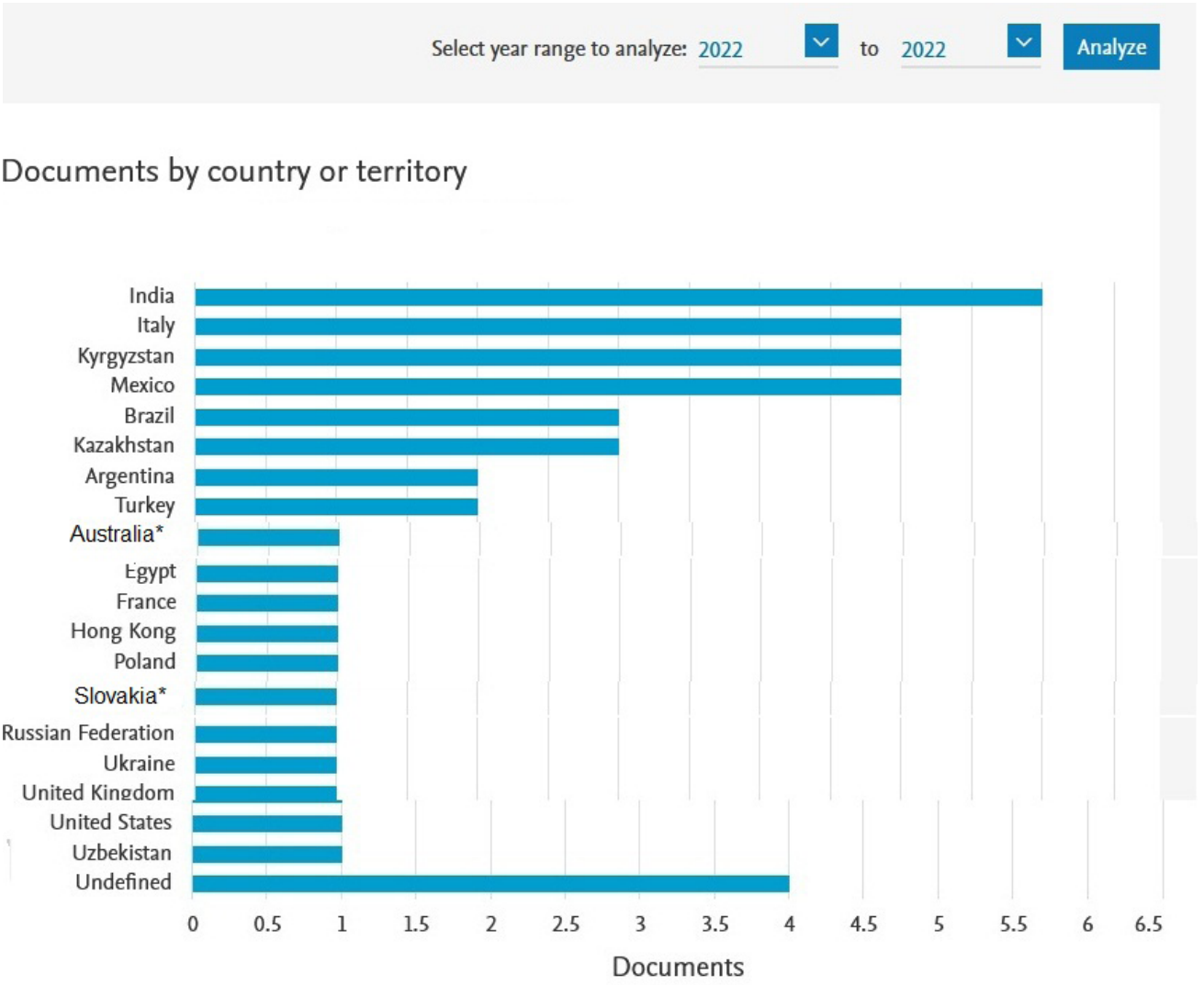

Figure 1. List of countries for articles published in Heart, Vessels and Transplantation journal in 2022 (Modified from SCOPUS analytic view - *articles in process of indexing)

There are few interesting position and consensus papers and documents and statements that were published recently; among them few already are introduced to you, another ones are in preparation. I would like to mention briefly two: the recent consensus paper on interventional management of pulmonary embolism (1) and acute management of LDL-C after acute coronary syndrome (2.) Physicians should be aware that patients in category of high-risk pulmonary embolism (PE): with contraindications to systemic thrombolysis or its failure and patients who have intermediate risk PE: hemodynamic deterioration despite anticoagulation and contraindications to systemic thrombolysis or failed thrombolysis are eligible for catheter-directed therapies (thrombus fragmentation, aspiration thrombectomy, rheolytic thrombectomy, local thrombolysis and ultrasound accelerated catheter-directed thrombolysis) of pulmonary embolism. The document describes the indications, contraindications, clinical assessment, monitoring and various techniques and tools how to perform these procedures in concise clear manner (1).

Another document on management of LDL-C after acute coronary syndrome (ACS) discusses in detail the available therapies, evidence and drugs for treatment of LDL-C and its target levels in ACS – statins, ezetimibe and PCSK9 (proprotein convertase subtilisin kexin -9) antibody and siRNA (small interfering ribonucleic acid).

Statin alone reduces LDL-C by 50%, when combined with ezetimibe - by 65% and on top of this PCSK9 -85% reduction is achieved as compared to placebo. High- intensity statin and ezetimibe are indicated in ACS patient after admission and PCSK9 should be considered if patient has multivessel disease, polyvascular disease, familial hypercholesterolemia or recurrent event to achieve LDL-C goals set in guidelines. The tailoring of therapy, monitoring of effect and target LDL-C value are well explained (2).

Among recent trials, one that deserves mentioning is the phase 2 trial on new drug in the treatment of resistant hypertension that was introduced recently – aldosterone synthase inhibitor

baxdrostat that inhibits aldosterone synthesis selectively in patients with resistant hypertension on already 3 drugs therapy including diuretic, was found to be safe and effective in reduction of blood pressure (3).

Another randomized controlled trial compared the surgical versus interventional strategy for treatment of left main coronary artery disease (4). It was found that CABG holds its value in good surgical candidates – there was no difference in early mortality between both treatments; however, CABG was associated with better long-term survival and freedom from major cardiovascular events.

Long COVID is not uncommon and cardiovascular involvement as well (5). Research is ongoing, and there are recent documents covering clinical manifestations and treatment of cardiac and other post-COVID conditions (5-8). CDC and WHO provided the definitions of long COVID and management approaches in adults and children (7, 8).

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