

Atrium

What is an editor? That is the question posed by Fernando A. Navarro in this month's opening article, because in Spanish and English the word "editor" is written exactly the same but describes very different occupations.

In the first editorial, Fefer discusses an original article by Amat-Santos et al., corresponding to the Iberian Registry and analyzing the impact of percutaneous recanalization of coronary chronic total occlusions. The authors of the original article analyzed the acute and follow-up outcomes of 1000 interventions in 952 patients in 24 centers over 2 years. The success rate was 74.9% and was higher in patients without prior angioplasty, in those with a J-score ≤ 2 , and in intravascular ultrasound-guided PCI. Failed recanalization was associated with calcified lesions, length > 20 mm, and blunt proximal cap. Fefer points out that, although the outcomes reported are noteworthy and similar to those of other international registries, caution should be exercised in generalizing them, as they represent 15% of all revascularization procedures for chronic occlusions in Spain and possibly refer to the centers with most experience. Both the editorial and the original article are published in open access format and the original article is also accompanied by an Editor's pick video.

In the second editorial, Johnson and Schmitt discuss a work by Biasco et al. aiming to assess the prognostic impact of atrial fibrillation, whether present at admission or occurring during hospitalization for acute coronary syndrome, as well as trends in treatments and outcomes. Data were obtained from 35 958 patients included in the AMIS Plus registry between 2004 and 2015. Atrial fibrillation was present in 1644 patients on admission while new-onset atrial fibrillation occurred in 309 patients. Although the baseline risk profile and clinical presentations differed between the 2 groups, both showed high in-hospital and 1-year mortality. Johnson and Schmitt highlight the surprisingly low rate of new-onset atrial fibrillation, given that other registries have reported rates of 6% to 8%, which they attribute to a different definition of the two conditions in this registry, thus limiting its extrapolability.

Patent foramen ovale has a prevalence of almost 25% in the general population, making it a common anatomical defect. This issue contains an editorial by Madhkour and Meier on cryptogenic shock in the presence of patent foramen ovale, reviewing both its pathophysiology and clinical presentation, as well as the data for and against its closure. The authors remind us that the risk of events has been related to the concomitance of atrial septal aneurysm and Eustachian valve and the size of the shunt.

In the next original article in this issue, González Saldivar et al. report a subanalysis of the IDEAS registry (*Influencia del Diagnóstico de Estenosis Aórtica Severa*), aiming to describe the prognosis of patients with severe aortic stenosis after the decision to perform an intervention, to identify the variables influencing their prognosis, and to describe the determinants of waiting time > 2 months. Of a total of 726 patients, the decision to perform an intervention was made in 300 and finally an intervention was performed in 258 (86.0%): 59 underwent transcatheter aortic valve implantation and 199 surgical aortic valve replacement. At 1 year, 42 patients had not undergone an intervention because they were still on the waiting list ($n = 34$) or because they had died ($n = 8$); patients with a longer delay until intervention were those with the worst prognosis.

In the next original article, Lekuona et al. report a cost-effectiveness study of edoxaban vs acenocoumarol in the prevention of stroke and systemic embolism in patients with nonvalvular atrial fibrillation in Spain. Edoxaban use led to 0.34 additional quality-adjusted life years (QALY) vs acenocoumarol. Although the incremental cost of edoxaban was €3916 euros vs conventional anticoagulation, the cost per QALY was €11 518 euros, which is within the thresholds commonly considered cost-effective in Spain (€25 000–€30 000/QALY), indicating that edoxaban is a cost-effective alternative.

The last original article in this issue deals with heart failure and cardiomyopathies. Muñoz Calvo et al. analyze whether patients with hypertensive-metabolic heart failure with preserved ejection fraction also show increased concentrations of circulating prolysin oxidase and determined its possible consequences. The authors found a correlation between values of this marker and calculated E/E' ratios and stiffness constants. The subgroup of patients with type 1 diastolic dysfunction showed a single negative correlation between circulating prolysin oxidase values and B-type natriuretic peptide, while patients with a restrictive diastolic pattern showed a strong correlation between circulating prolysin oxidase values and galectin-3.

As always, don't forget to consult 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