

## Atrium

How should balloon angioplasty be translated to Spanish? The translations of some English medical terms, despite being clearly wrong, sometimes become entrenched over time. This month's contribution by Fernando A. Navarro discusses the word "balloon" and its correct translation to Spanish.

In the first of the editorials, published as an open-access article, Barge-Caballero and Crespo-Leiro discuss an original article by Uribarri et al. aiming to analyze the impact of preoperative nutritional status evaluated by the nutritional risk index on the prognosis of patients with a continuous-flow left ventricular assist device. The study included 279 patients treated between 2009 and 2015. Briefly, a clear association was found between normal values of preoperative nutritional status and a lower risk of death from any cause during follow-up (aHR per 1 unit = 0.961, 95%CI; 0.941-0.981;  $P < .001$ ) and of infection (aOR = 0.968; 95%CI, 0.946-0.991;  $P = .007$ ). Barge-Caballero and Crespo-Leiro provide an in-depth review of the multiple causes of malnutrition in patients with heart failure, notable among which is the chronic inflammatory status that leads to extremely high energy expenditure and loss of appetite. Moreover, they stress that, despite the obvious need for nutritional support in patients with heart failure and malnutrition, there is currently a lack of sufficient scientific evidence to support specific measures.

In the second editorial, Sabaté discusses an original article by Camacho Freire et al., who analyze the prevalence and implications of thyroid disorders in a consecutive cohort of 73 patients with spontaneous coronary artery dissection. It is very interesting that the authors found that the prevalence of hypothyroidism in the cohort was 26%. Patients with spontaneous coronary artery dissection were all women, more frequently had dissections in distal and tortuous coronary segments, and more frequently received conservative treatment. Sabaté believes that this association could be clinically relevant and, if ultimately demonstrated to be causative, represents a treatment target, whether in primary prevention or to prevent recurrences. He also reminds us that hypothyroidism has been associated with dissections in other arterial territories such as the aorta and the cervical artery.

Simulation learning is a growing field in all areas of medicine, particularly cardiology. Aware of this, the Spanish Society of Cardiology (SEC) has shown interest in this field and runs highly regarded annual training sessions. This issue includes an editorial by Bañeras Rius et al., providing an in-depth review of the evidence on simulation learning and also highlights some of the elements of the training course organized by the SEC.

Patients with heart failure receiving treatment with vitamin K antagonists for nonvalvular atrial fibrillation often have altered international normalized ratio values. In the next original article, Santos et al. assess the association between anticoagulation status on admission for heart failure and the risk of mortality during follow-up. These authors conducted an observational, retrospective study of 1137 consecutive patients with acute heart failure and found that both subtherapeutic and suprathreshold international normalized ratio values were associated with all-cause and cardiovascular mortality during admission. Future studies will

need to determine whether this association indicates a causal relationship or whether it is simply a prognostic marker.

Due to the prominence given to global climate change, there is increased awareness of the influence of the environment on cardiovascular health. This issue publishes an original article by Royé et al., who analyze the relationship between apparent temperature and air pollutants and admissions for acute myocardial infarction. The authors performed a time series study of admissions for acute myocardial infarction in Cantabria between 2001 and 2015. A downward trend was observed in admissions for acute myocardial infarction during the study period, with a peak in winter. An inverse association was found between apparent temperature and the number of admissions for acute myocardial infarction, while a direct and statistically significant relationship was observed for particulate matter with a diameter smaller than 10  $\mu\text{m}$ . The strength of this study is that it is the first to analyze the effect of ambient temperature, including a biometeorological index, on infarctions, which could be useful for future predictions.

In the context of transcatheter heart valves, oversizing of the SAPIEN 3 prosthesis is recommended to achieve device success. However, greater oversizing may increase rates of permanent pacemaker implantation. In the last original article in this issue, Pellegrini et al. assess the influence of oversizing on device failure and the need for pacemaker implantation in 804 patients treated in 3 centers. As expected, prosthesis oversizing was associated with a lower risk of device failure, but with an increase in the need for permanent pacemaker implantation. However, the study did not find an ideal range of oversizing to minimize the risk of device failure or need for permanent pacemaker implantation.

This issue also contains 2 special articles. In the first, the Executive Committee of the SEC, together with other authors, present a vision of the role of cardiologists and cardiology in the next few decades. In the second, Cequier et al. describe the official position of the SEC on the role of cardiac surgeons in percutaneous cardiac interventions.

Transcatheter aortic valve replacement is currently the treatment of choice for patients with severe aortic stenosis that is either inoperable or has high surgical risk and its use is increasingly frequent in patients with intermediate risk. The next step could be its indication in patients at low surgical risk. This issue includes a review by Witberg et al. analyzing the possible expansion of the indication of this intervention to low-risk patients, which, in the authors' opinion, would require definition of the clinical outcomes and cost-effectiveness adapted to this population. In addition, they describe the main obstacles that need to be overcome before the intervention can be applied in this type of patient.

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.

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Editor-in-Chief