Atrium

In this issue's "Into the heart of terminology", Fernando A. Navarro delves into the meaning and origin of the word "bland", especially in relation to the medical term "bland embolism", which is usually translated to Spanish as *embolia aséptica*.

The 3 following editorials correspond to the commentaries of the Spanish Society of Cardiology working groups on the 2019 ESC guidelines on chronic coronary syndromes, the 2019 ESC guidelines on supraventricular tachycardia, and the 2019 ESC guidelines on acute pulmonary embolism. As usual, each working group presents the essential points of the corresponding guidelines, analyzes changes with respect to the preceding version, and discusses discrepancies or possible information gaps in specific areas in the documents. Both these commentaries and the Spanish translations of these 3 ESC guidelines are published in this issue as open-access articles.

Although degenerative aortic stenosis is the most common valvular heart disease, it is not clear how to identify asymptomatic patients with a normal left ventricular ejection fraction at high risk of event occurrence who would thus benefit from early intervention. In the first original article in this issue, Dobarro et al. report the results of a protocol applied to 33 patients with these characteristics. The patients underwent right heart catheterization at rest and during exercise. After a mean follow up of 27 months, 8 patients (24%) experienced an event. There were no differences in baseline variables, aortic valve area, or cardiopulmonary exercise testing parameters, pulmonary pressures, or filling pressures after peak exercise. However, the group of patients who experienced events showed lower pulmonary artery oxygen saturation on effort (median, 48% vs 57%; $P = .03$) which, as mentioned by the authors, could be useful to identify a subgroup of patients at higher risk. Nevertheless, this finding should be confirmed in future studies. This open-access article is accompanied by an Editor's pick video.

There is a lack of studies on the long-term prognosis of diabetic patients with heart failure by sex. In the second original article in this issue, Palau et al. prospectively study 1019 consecutive patients with heart failure with preserved ejection fraction discharged after admission for acute heart failure from a tertiary hospital. After a mean follow-up of 3.6 years, 646 patients (63.4%) died. Multivariable analysis showed a differential prognostic effect of type 2 diabetes mellitus between men and women, with diabetes being associated with a higher risk of all-cause mortality in women but not in men.

Several studies have related the presence of atrial fibrillation with a reduced estimated glomerular filtration rate. Therefore, restoration and maintenance of sinus rhythm should be associated with improved glomerular filtration. In the next original article, Macías-Ruiz et al. analyze this hypothesis in 124 patients with atrial fibrillation referred to their center for pulmonary ablation. After a 1-year follow-up, there was an overall improvement in estimated glomerular filtration rate, which was more pronounced in the subgroups without recurrences, although multivariate analysis showed no significant differences.

In the next original article, Abu-Assi et al. use administrative data to analyze trends in mean length of stay between 2003 and 2015 among patients with uncomplicated ST-segment elevation myocardial infarction (revascularized) and the prognostic impact of short ($\leq$ 3 days) hospital stay. The adjusted length of stay declined significantly between 2003 and 2015, and short length of stay was not an independent predictor of readmission (OR = 1.10; 95%CI, 0.92-1.32) or in-hospital mortality (OR = 1.94; 95% CI, 0.93-14.03), indicating that, in this population, short hospital stay is a viable option.

In the last original article in this issue, Goicolea Ruigómez et al. analyze the association between volume and outcome in coronary artery bypass grafting in the Spanish national health system, based on episodes from January 2013 to December 2015 included in the Minimum Data Set. A total of 17 335 episodes were included with a crude in-hospital mortality rate of 5.0%. Episodes attended in low-volume centers (less than 155 interventions per year) showed a 17% higher adjusted risk of in-hospital mortality, as well as a higher proportion of complications during admission. The association was verified in isolated coronary artery bypass grafting and when this procedure was combined with other types of surgery.

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

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