Atrium

The coronavirus pandemic has brought changes in scientific communication and its language. In this month's ''Journey into the heart of terminology'', Fernando A. Navarro advises us on the correct use of its specific vocabulary.

In the first editorial of this issue, Musumeci et al. discuss an original article by Escolà-Vergé aiming to determine the prevalence of colorectal disease in *Enterococcus faecalis* infective endocarditis. This observational, retrospective, multicenter study included 103 patients with this condition. Colonoscopy was performed in 78 of these patients, and 47 had endoscopic findings indicating a potential source of bacteremia, mostly due to colorectal cancer. The authors conclude that performing colonoscopy in all patients with *Enterococcus faecalis* infective endocarditis, irrespective of the presumptive source of the infection, could be useful to diagnose colorectal disease and avoid a new bacteremia episode and eventually infective endocarditis. Musumeci et al. provide a broad discussion of the possible pathogenic phenomena explaining why enterococci are currently the second most common cause of endocarditis and also discuss some limitations of the article by Escolà-Vergé et al.

In the second editorial, Gidding discusses an original article by Climent et al. assessing the clinical and genetic features of patients with heterozygous familial hypercholesterolemia and type 2 diabetes mellitus (DM2), based on data from the dyslipidemia registry of the Spanish Arteriosclerosis Society. The authors analyzed 1724 patients with a probable or definite diagnosis of heterozygous hypercholesterolemia. Patients who also had DM2 had a higher rate of cardiovascular disease and higher levels of total cholesterol and non–high-density lipoprotein cholesterol but no differences were found in the type of mutation causing the hypercholesterolemia. Multivariable analysis confirmed the relationship between DM2 and cardiovascular disease. The author of the editorial highlights that, as in other registries, the prevalence of DM2 among patients with this type of hypercholesterolemia is usually half that in the general population. He also stresses the value of early diagnosis of both conditions, DM2 and hypercholesterolemia, as the best strategy for the earliest possible initiation of preventive measures to halt the development of cardiovascular disease.

This issue also includes a free editorial by Broberg and Khan reviewing the association between diverse congenital heart diseases in adults and the presence of myocardial fibrosis, focusing on tetralogy of Fallot.

It is well demonstrated that secondary cardiovascular prevention programs based on physical exercise reduce morbidity and mortality. In the next original article, Trachsel et al. present a randomized clinical trial in patients with a recent acute coronary syndrome. The trial randomized patients to: *a)* a 12-week program of low-volume high-intensity interval training (n = 23); *b)* moderate-intensity continuous exercise training (n = 18), or *c)* usual care (n = 9). Although oxygen consumption-dependent prognostic variables improved in both training groups, the improvement was more pronounced in the high-intensity low-volume group, although this group had a higher proportion of nonresponders and patients with poor response to physical exercise.

Although the indication for surgery in the presence of some complications of endocarditis is well established, surgery is sometimes not feasible due to contraindications or unacceptable surgical risk. In the next original article, Vallejo-Camazón et al. analyze the prognosis and factors associated with an adverse outcome in 271 patients with left-sided infective endocarditis and an indication for surgery, of whom 83 did not undergo surgery. Mortality at 60 days among patients not undergoing surgery was triple that of surgically-treated patients (63.9% vs 21.3%). The main predictors of mortality were the absence of a microbiological diagnosis, and the presence of heart failure, shock, or atrioventricular block. However, after the second month, there were no significant differences in prognosis between medically- and surgically-treated patients.

One of the factors associated with poor prognosis in ST-elevation myocardial infarction is delay in seeking care. In the last original article in this issue, Roberto et al. assess the temporal trends in latecomer ST-elevation myocardial infarction ($>$ 12 hours) in the AMIS Plus registry (27 231 patients) between 1997 and 2017. The authors found that the prevalence of late presentation decreased from 22% to 12.3%. In these patients, there was increased use of both percutaneous coronary interention and $P2Y_{12}$ inhibitors. These findings were associated with a decrease in in-hospital mortality from 12.4% to 4.5%. Even so, on multivariate analysis, late presentation in patients with ST-elevation myocardial infarction was strongly associated with in-hospital mortality.

Patients admitted for COVID-19 pneumonia have been observed to develop thrombotic complications. This issue contains a special article, drafted by the Working Group on Cardiovascular Thrombosis of the Spanish Society of Cardiology. The article aims to review the available information on this topic and provide consensus-based guidelines for the treatment of these complications.

For several years now, the complexity of the atrium has been increasingly well recognized from the arrhythmological point of view. The association between interatrial block and supraventricular arrhythmias is a new syndrome recently described by Dr. Antoni Bayés de Luna. This issue includes a review of the topic, by Bayés de Luna et al., which we hope readers will find interesting.

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.

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