

## Atrium

As usual, this issue opens with Fernando A. Navarro's "Into the heart of terminology" section, this month discussing the most correct way in Spanish to name the inflammation of the vessel wall.

In the first editorial in this issue, Formiga et al. discuss an original article by Cobas-Paz et al. aiming to analyze the safety and effectiveness of anticoagulation for atrial fibrillation in patients with moderate-severe dementia. The single-center retrospective study analyzed 221 patients with this condition. A total of 88 of them (60.2%) received anticoagulation, mostly with vitamin K antagonists. Anticoagulation was associated with a lower embolic risk but also with a higher bleeding risk. Formiga et al. highlight the complex relationship between dementia and atrial fibrillation and remind us that the priority is probably to reduce morbidity, given the difficulty of significantly reducing mortality in this group of patients.

In the second editorial, Jiménez-Jáimez et al. discuss an original article by Feliu et al. aiming to describe the most common forms of clinical presentation of left dominant arrhythmogenic cardiomyopathy, as well as the imaging findings and events at follow-up, with particular regard to cardiac magnetic resonance. In the prospective registry of 74 patients, the most frequent magnetic resonance findings were midwall and/or subepicardial pattern of late gadolinium enhancement, fatty epicardial infiltration, and left ventricle segmental contractility abnormalities. At a mean follow-up of 3.74 years, 24 patients had a major adverse cardiovascular event. Poor prognosis was associated with the presence of severe late gadolinium enhancement on cardiac magnetic resonance, male sex, and practicing sports. The authors of the editorial provide an interesting review of the molecular and genetic bases of this disease and of the role of cardiac magnetic resonance in its diagnosis and prognostic assessment. The authors conclude by highlighting the need to update the diagnostic criteria for arrhythmogenic cardiomyopathy in general.

In the last of the editorials, Galli and Angiolillo discuss an original article by Gargiulo et al. analyzing the outcomes of transradial vs transfemoral access and bivalirudin vs unfractionated heparin in vulnerable patients with acute coronary syndrome treated invasively. The study is a substudy of the MATRIX trial, which randomized 8404 patients to radial or femoral access and 7213 patients to bivalirudin or unfractionated heparin. A total of 934 patients (11.1%) were considered vulnerable due to advanced Killip class or cardiac arrest. In summary, radial compared with femoral access reduced severe cardiovascular events to a similar extent in both vulnerable and nonvulnerable patients. In addition, the effects of bivalirudin vs unfractionated heparin were consistent in vulnerable and nonvulnerable patients, although bivalirudin was associated with lower mortality among

vulnerable patients but not in nonvulnerable patients. Galli and Angiolillo remind us that vulnerable patients can represent between 3% and 13% of all patients with an acute coronary syndrome, a figure that is doubled or tripled in the case of ST-segment elevation myocardial infarction. Hence the importance of minimizing risks by using diverse strategies. Nevertheless, the authors stress the need to avoid drawing definitive conclusions about this study, since the analysis was post hoc and had low statistical power in this patient subgroup.

Although infective endocarditis is a complex disease with high mortality, there are hardly any risk scores that allow accurate prognostic assessment. In the next original article, García-Granja et al. describe a predictive model of in-hospital mortality in left-sided infective endocarditis in a cohort of more than 1000 patients. The model, which included the variables age, prosthetic valve infective endocarditis, comorbidities, heart failure, renal failure, septic shock, *Staphylococcus aureus*, fungi, perianular complications, ventricular dysfunction and vegetations, achieved excellent discrimination (area under the ROC curve = 0.855; 95% confidence interval, 0.825-0.885).

One of the challenges faced by medicine in general, and by cardiology in particular, is the care of patients with chronic diseases during pandemics and/or health care emergencies. This issue includes a special article by Barrios et al. that discusses telemedicine consultations in our specialty. This is undoubtedly a new health care modality that will become a permanent feature and which will require additional effort by health professionals to maintain the quality of care. This special article describes the elements essential to ensure quality in cardiology telemedicine consultations.

In the last few years, genetics has deservedly acquired an essential role in almost all medical specialties and this is no less the case in the field of congenital heart diseases. This issue includes a review by De Backer et al. on the topic, which provides a practical overview of what is involved in genetic assessment, which types of genetic tests are possible today, and how they can be used in practice.

Last, this issue contains two special articles, consisting of the annual reports of the national official registries of heart transplant and catheterization and coronary intervention, which update the most significant data on the clinical activity in these specialties.

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.

**Ignacio Ferreira-González**  
Editor-in-chief