

Atrium

Substernal or infrasternal? In this issue, Fernando A. Navarro comments on the importance of “anatomical position” for any anatomical term.

In the first of the editorials, Ibáñez discusses 2 original articles published in this issue on the COVID-19 pandemic. In the first, Solano-López et al. analyze the clinical presentation, complications and predictors of in-hospital mortality in patients with myocardial infarction during the COVID-19 outbreak in Spain. This cohort study included 187 patients with myocardial infarction (more than half with ST-segment elevation) and found that COVID-19 infection was an independent risk factor for in-hospital mortality, with the same severity level as a GRACE score > 140. In the second editorial, Rodríguez-Leor et al. focus on the impact of the pandemic on the treatment of ST-segment elevation myocardial infarction by comparing 2 cohorts from a multicenter registry, one treated before the first epidemic wave and the other treated afterward. The authors found that an effect of the epidemic was a substantial decrease in the number of patients treated for myocardial infarction, an increase in the interval between symptom onset and reperfusion, and a rise in in-hospital mortality, although there were no changes in reperfusion strategy. Ibáñez highlights the results of both studies and underscores some important findings, such as the marked decrease in the number of myocardial infarctions during the pandemic, which cannot be completely attributed to a lack of demand for care, and the high rate of coronary reperfusion, illustrating the strength of the healthcare networks for myocardial infarction in Spain.

In the next editorial in this issue, Urbano-Carrillo et al. discuss an original article by Cubero-Gallego et al. aiming to assess the safety, feasibility and effectiveness of coronary lithoplasty in severely calcified lesions. The multicenter registry included 57 patients (66 lesions). The technique had a success rate of 98%, with few relevant complications. Urbano-Carrillo et al. provide an in-depth review of the diagnostic techniques, assessment, and treatment strategies for coronary calcification, and stress that the original article presents the largest multicenter registry of unselected high-risk patients in real-world clinical practice treated with coronary lithoplasty.

Population aging is a reality and Spain is currently one of the countries with the oldest populations. In this context, geriatric units specialized in the diagnostic and therapeutic approach to older patients are essential, especially in cardiology. The Spanish Society of Cardiology is privileged to have the Section on Geriatric

Cardiology, founded in 1995. In this issue, Bonanad et al. publish a timely article highlighting the scientific progress of this section and its contributions to improving the cardiology care of older patients. The editorial describes the contributions of the section to ischemic heart disease, aortic stenosis, and heart failure and arrhythmias and also mentions the consensus documents published in the last few decades.

Percutaneous coronary intervention in aorto-ostial coronary chronic total occlusion is highly complex. In the next original article in this issue, Ojeda et al. report a multicenter registry (103 patients) and analyze the procedure and outcomes. Technical and procedural success were achieved in 76.7% and 75.7%, respectively, and the only variable associated with technical failure was the absence of interventional collaterals. Serious complications, such as coronary perforation and stroke, were infrequent. After a 31-month follow-up, 2.9% of the patients died from a cardiovascular cause and 12.6% required repeat target vessel revascularization.

Differences between men and women in terms of diagnosis, treatment and outcome are well established in several cardiovascular diseases. However, this is not the case in hypertrophic cardiomyopathy. In the next editorial, Montenegro et al. analyze sex-related differences based on data from the hypertrophic cardiomyopathy registry of Portugal. At baseline, women had more severe disease, and female sex was independently associated with total and cardiovascular mortality. Despite a similar risk of sudden cardiac death to men, women received fewer cardioverter-defibrillator implants. Moreover, among patients without cardioverter-defibrillators, sudden cardiac death was more prevalent among women.

This issue also includes 3 special articles corresponding to the annual official reports of the national registries on implantable cardioverter-defibrillators, pacemakers and catheter ablation, updating the most significant data on clinical activity in these specialties.

Last, we have decided to discontinue our ECG Contests, which we have been publishing for the last 7 years. We hope that our readers have enjoyed this eminently practical and educational exercise.

As always, don't forget to consult the excellent images in this issue or read the letters.

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Editor-in-chief