

## Atrium

This issue opens with the second instalment of “Into the Heart of Terminology” with Fernando A. Navarro’s discussion of the term “Amplatzer” and its most appropriate use in Spanish texts.

Among the editorials in this issue, Sabaté provides an interesting commentary on an original article by Torre Hernández et al., also published in this issue, reporting the results of primary angioplasty in persons older than 75 years in the ESTROFA IM +75 registry. This registry included more than 3500 such patients and, as expected, found higher risk and morbidity and mortality in this patient profile. What is more important, however, is that the study confirms that this strategy in elderly patients has been incorporated into routine clinical practice and that a series of health care factors are associated with better prognosis (eg, radial access, drug-eluting stents). Sabaté highlights the importance of assessing comorbidities in elderly patients, as well as the usefulness of several indexes (eg, Charlson, Barthel, Mehran) in helping to quantify prognosis and select the best therapeutic strategy. Other editorials include a commentary on the European Society of Cardiology guideline for the management of dyslipidemias, drafted by the corresponding Working Group of the Spanish Society of Cardiology, which discusses the most salient and novel features of the document regarding the prevention, evaluation, and treatment of the condition (a Spanish translation of the guideline is published in the same issue, as a special article in the digital version of the journal). The final editorial is a commentary by Roos-Hesselink et al. on heart disease and pregnancy. The authors stress the progressive increase in pregnant women with heart disease, mainly due to improved survival in congenital heart disease and also highlight the most relevant points concerning the risks, complications, and special assessments in persons with this condition.

Among this issue’s original articles, in a study of 891 patients with diverse degrees of heart disease (398 were near-normal) who underwent distinct types of stress echocardiography, Bombardini et al. report that left ventricular end-diastolic volume does not affect the rest-stress changes in end-systolic pressure-volume relationship in persons with near-normal left ventricular function or those with left ventricular dysfunction, confirming the usefulness of this parameter to evaluate contractile reserve. In another original article, Sabater-Molina et al. provide new data on the phenotype associated with *MYBPC3* mutations in hypertrophic cardiomyopathy. Specifically, these authors analyze the phenotype of a novel *MYBPC3* mutation (p.Pro108Alafs’9) in 107 relatives of 13 index cases and show that this mutation is associated with high penetrance with hypertrophic cardiomyopathy and disease onset in middle age. The authors are to be congratulated for managing to bring together this broad series of carriers of this novel founder mutation and to assess its characteristics through magnetic resonance, histological analysis and study of the genetic transcriptions involved. In the field of interventional cardiology, Lee et al. present data on the follow-up of 804 patients from 2 randomized studies who underwent intravascular ultrasound before and after implantation of everolimus-eluting stents for coronary lesions > 28 mm. At 1 year postimplantation, there were 28 major adverse cardiovascular events and a luminal area < 5.0 mm<sup>2</sup> was associated with worse prognosis.

As always, don’t forget to take a look at the excellent images in this issue and read the Scientific Letters and Letters to the Editor, which will no doubt stimulate a lively and enriching debate, or participate in our monthly ECG contest.

**Ignacio Ferreira-González**  
*Editor-in-Chief*