Evaluation of the content of the Anatolian Journal of Cardiology by the Editor in Chief

Nebivolol and pravastatin are two important cardiovascular agents which are known to have favorable effects on the inflammation and oxidative stress in atherosclerotic process, but for which the influence on atherosclerotic process in human and survival has not been definitely elucidated. In the current issue, Dursun et al. (page 228-32) investigated known effects of nebivolol and pravastatin and the effects on N-nitro-L-arginine methyl ester-induced vascular inflammation and early atherosclerosis in rat aorta. I deem the finding of favorable effects even in a short period of 15 days significant to be followed in patients with hypertension and hyperlipidemia for suggesting new methods.

Ghrelin is a new peptide hormone considered to play an important role in the etiopathogenesis of hypertension. Ghrelin is supposed to be associated with left ventricular mass index, and therefore, it affects ventricular functions. The research by Dr. Meriç et al. (page 233-7) is published in the current issue with the support of the referees: A therapy with valsartan 80-160 mg was initiated in 37 patients with primary hypertension and 30 healthy controls with similar characteristics after the calculation of left ventricular mass index. Based on the findings obtained after 12-week study period, low serum ghrelin levels in hypertensive patients and increasing ghrelin levels with valsartan therapy suggested that ghrelin might be involved in the pathogenesis of hypertension. Nonetheless, the authors did not report a correlation between left ventricular mass index and ghrelin levels.

With regard to above-mentioned subject, in 1960s, our formerly master Prof. Dr. Ömet Yiğitbaşı said "We have finally finished hypertension because renin was discovered". Despite the discovery of tens of vasoconstrictor and dilator agents after then, we are still trying to hide our helplessness behind the terms "Primary, idiopathic or essential". When the patient asks why his/her tension is high, it is easier to say it is due to short temper, but for now, I feel like to say (quietly) "it is from my God.".

While listening to Otto Hess in Geneva in 1980s, he mentioned a painting of heart described as "old ladies' little heart". It seems that he wanted to mention "diastolic dysfunction-diastolic ventricular insufficiency". Despite all our fantastic and sophisticated echocardiographic measurements, calculations, and discovery, it is just like the dilemma in essential hypertension, dyspnea + preserved left ventricular systolic functions = diastolic dysfunction-failure.

Dr. Demirçelik et al. (page 255-9) started out with hypothesizing the presence of an association between left ventricular diastolic dysfunction, left atrial apex functions, and non-valvular atrial fibrillation. They evaluated left atrial apex functions with left atrial spontaneous contrast enhancement and left ventricular diastolic function with transthoracic-transesophageal echocardiography in 58 patients with non-valvular atrial fibrillation and preserved left ventricular systolic function. In fact, their hypothesis uncovers a subject that we encounter in real life: diastolic dysfunction itself is a risk factor for stroke. Despite some limitations of the study (some patients did not provide consent for transesophegal echocardiography and some cases did not fully meet the criteria for non-valvular atrial fibrillation), particularly in Spearman's correlation analysis, left atrial appendage function was reduced in patients with left ventricular diastolic dysfunction, non-valvular atrial fibrillation and preserved left ventricular ejection fraction. We can summarize the reflection of this finding into our clinical practice as the following: left ventricular diastolic dysfunction can be a potential risk factor for thromboembolism and stroke. Thromboembolism is already known to occur in the presence of left ventricular systolic dysfunction.

We know how diligent, efficient, successful, skillful, sociable, and creative our Master, Mehmet Bilge, is. In the 21st National Practical Interventional Cardiology Congress held in Antalya, last March although I touched the sore spot about renal artery ablation and sham operation, I was answered with a single word; as you would remember, I have negotiated at the very beginning. I spouted two cases of transcatheter aortic valve implantation using CoreValve in the treatment of rheumatic severe aortic stenosis (off label) submitted by our valuable Master, Mehmet Bilge. It was just like rescuing a man from the minefield; I expect some revisions to be made in the guidelines after the reports of these successful outcomes.

I invite you to read carefully the response letter to Yavuzer Koca and colleagues, who reviewed the manuscript of our Master, Cafer Zorkun. I did not include the final paragraph of the letter in the puzzle section due to the fact that the letter contained literary implications.

I was very surprised by angiographic images of the enormous collateral vessels formed between the left internal mammary artery and left external iliac artery sent by Dr. Barçın Özcem and colleagues from Lefkoşa, Turkish Republic of Northern Cyprus, and deserved to be placed on the cover page of the current issue. Have you ever seen anything like this?

No tabloid news or paparazzi in this editorial; I have got so much work to do.

The Anatolian Journal of Cardiology continues its scientific publication since 2001 acting in accordance with international academic publishing rules and ethical principles. Over the last 13 years, the expenditures of the journal have been covered by lim-

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ited sponsorship of the pharmaceutical companies and İbrahim Kara, the rightful owner of the journal. As from this issue, the brand and copyrights of the Anatolian Journal of Cardiology has been transferred to the Turkish Society of Cardiology with an agreement made between İbrahim Kara and the Turkish Society of Cardiology.

We hope this agreement helps raise the level of the Anatolian Journal of Cardiology in terms of scientific content and technical equipment. Concerning this enviable and important development, below I share the announcement made by our dearest president and our invaluable master Prof. Dr. Lale Tokgözoğlu and General Secretary, our dearest brother Prof. Dr. Adnan Abacı.

"Our Valuable Member Dear Prof. Dr. Bilgin Timuralp,

The Anatolian Journal of Cardiology will continue as the official and scientific publication organ of the Turkish Society of Cardiology as of May 2014 issue. This decision has been made and implemented by the previous administrative board. All brand, copyright and other rights of the journal whatsoever have been transferred to the Turkish Society of Cardiology. Therefore, the number of publication organs of the society was duplicated. We are very pleased to announce you this significant development.

The editorial personnel and management of the journal will be maintained with a similar dignity and scientific standards and will be further improved. As being the continuation of theoretical and academic studies conducted recently by the Turkish Society of Cardiology, we hope this development would be beneficial for the field and community of cardiology in our country. Beginning with the members of the previous administrative board, we thank those who contributed."

Thus, the Anatolian Journal of Cardiology has completed its institutionalization process and relies on a sound basis.

Bilgin Timuralp
Editor in Chief
Eskişehir-*Turkey*