

## Summary of the content of the Anatolian Journal of Cardiology

Many elusive snapshots appear over the years when you read research articles as being elaborative, meticulous, nationalist and dissenting, and a negative prejudiced reader. For instance, higher ratio of author's name, instead of only number of them, in the literature order, is written while writing the numbers of references of cited articles in the original research article from Turkey as compared to the articles from other countries. When I first noticed this, I retrospectively reviewed this issue in PubMed. The number of authors included was so much low that 2 or perhaps 3 authors at the maximum were mentioned only. I do not know the reason, say that our people are more considerate, fair, and appreciative, or they asked for those authors' blessing I guess. May it be that we use the names to have their testimony and strengthen the claim? As you know, evidence is essential!

I also observed that we focus more attention on particular topics; for example, a great number of manuscripts were submitted to the Anatolian Journal of Cardiology on "Familial Mediterranean Fever", although not closely related to the cardiology branch, and considerable amount of these manuscripts was accepted for publication. This should be counted as a natural consequence I guess, that said, our senior physicians would not be surprised if I told you that the number of such patients has already risen up to hundred thousands. On the other hand, is not that natural not even a single manuscript has been submitted or published about Kala-Azar in the Anatolian Journal of Cardiology? Nevertheless, your search with the keywords of "QT dispersion" or "mean platelet volume" or "lymphocyte/neutrophill" would return with manuscripts mostly of Turkish origin in PubMed. Why do these study areas attract a particular attention in Turkey?

In the current issue, Unubol et al. reporting on a topic to which I have mentioned above derisively managed to have their very successful research accepted by the referees and the Chief Editor. Based on a very strong hypothesis, they suggested the relationship between arterial stiffness and mean platelet volume in acromegaly as a cardiovascular risk factor. Even though this is a brand new and original idea, many parts of this research do not appear far different compared to previous reports. I consider that this original research will receive considerable number of citations.

We receive a significant number of original research articles from Karadeniz Technical and Ahi Evren Universities, and I am

having difficulty to reject these papers. They somehow demonstrated with an undeniable and serious hypothesis-result that there is no straightforward example of "fragmented QRS" which we encounter couple of times in our daily practice. This original research was accepted for publication after scrutinized by three different referees one of which was from abroad and the other two were nationals and I must say that it is a very hard job to find referees for such original hypotheses. Besides, thirteen referees had responded negatively when they were asked for their assignment as a referee. As you understand, there are some other issues and endeavours, which you do not see or even suppose, for one paper. In their present manuscript, Dear Dr. Özkan and associates used high prevalence of "fragmented QRS" in nephrotic syndrome in their hypothesis. They also showed its association with Tei Index on echocardiographic examination. These results are consistent with our clinical experiences; however, as the family of Anatolian Journal of Cardiology, we would be very glad if they show prognostic value of "fragmented QRS".

Electrophysiology is an area of cardiology branch in which most of our colleagues are reluctant to get involved. I remember the years that a clinician stayed in the laboratory for 4 hours obstinately to "cauterize". Then, the years have come that we restrained talented, patient, determined and little bit reckless scientists which we trained for years from performing the procedure by the reason of lack of coverage by the social security insurance. However, these devoted scientists have performed these procedures within minutes with the dream of "0 radiation". My young colleague Dr. Yalın and his associates from the team of our senior academician Adalet developed a good hypothesis to examine the relationship between MTWA and CMR in patients with non-sustained ventricular tachycardia who had myocardial infarction previously. Although they did not find a statistically significant association between the extent of TWA and the amount of cicatrix; however, they revealed many positive findings. In particular, new evidences can be obtained by studying on patients with preserved left ventricular ejection fraction and "sustained VT". The number of cases does not seem to be adequate as Mr. Yalın has already discussed in the limitations section of their manuscript. This arises from the lack of long-running prospective studies in our country and dependence of the studies to the individuals. An author/pioneer/leader saying "I complete this study in only 3-4 years after which I can



become ready to write down its text" does not exist almost at all, and those who exist are impatient. This is just like hearing the screams of horn coming from "the band of impatient", if you do not move within two seconds after the traffic light turns green. Most of us are from Meditteranen (I am Smyrnian anyway).

The study by Dr. Metin Çetin and his associates titled "Could decreased vitamin D levels be related with impaired cardiac autonomic functions in patients with chronic heart failure" which they

published with their delicate and valuable perspective and the study by Dr. Belma Kalaycı and her associates titled "Assessment of the severity of aortic regurgitaitaion with pulsed wave Doppler velocity profile in the descending aorta" provide remarkable results that could provide a basis for new researches.

**Bilgin Timuralp**  
**Editor in Chief**  
**Eskişehir-Turkey**

## Prof. Dr. Navin Nanda's honorary doctorate ceromany in Sakarya University

Prof. Dr. Navin Nanda, a pioneer cardiologist known as "father of echocardiography" has been honored by Sakarya University (SAU) ([www.sakarya.edu.tr](http://www.sakarya.edu.tr)) with the honorary degree of doctorate in health sciences on the recommendation of the Senate of SAU due to his pioneering contributions in cardiology and echocardiography and to the University by conducting many congresses, workshops and for training

many physicians from Turkey. The degree was bestowed on him by Prof. Dr. Muzaffer Elmas-the principle of SAU- during a special ceremony.

**Nurgül Keser**  
**Department of Cardiology, Faculty of Medicine, Sakarya University, Sakarya-Turkey**



**Department of Cardiology of Sakarya University clinic is greatly honoured by Prof. Dr. Navin Nanda's visit**



**Prof. Dr. Navin Nanda is in honorary doctorate ceromany**  
 (He is one of the my best friends, since 1982 November in Rochester New York)  
 B. Timuralp