

Cardiac MR and Cardiomyopathy, New Ratio for Pulmonary Embolism

Premature ventricular contractions (PVCs) are a common finding in clinical practice, requiring a full diagnostic work-up in order to exclude an underlying cardiomyopathy. Still, in a substantial proportion of patients, these investigations do not identify any substrate, and the PVCs are labelled as idiopathic. Cardiac magnetic resonance (CMR) has proven in the last decades as the method of choice for the exploration of patients with cardiomyopathies, since it can identify subtle changes in the myocardial tissue and help with risk stratification. Ailoei et al from Romania reviewed this issue.

Currently available risk stratification models for acute pulmonary embolism (PE) include hemodynamic status, cardiac biomarkers, right ventricle (RV) dysfunction on imaging, and clinical scores. Focusing on length-tension relationship of the ventricle might have a superior predictive capability over RV dysfunction in terms of mortality and classification of patients with acute PE. Kültürsay et al from Türkiye studied a hypothesis suggesting that tricuspid annular plane systolic excursion (TAPSE)/systolic pulmonary artery pressure (sPAP) ratio has superior predictive capability for in-hospital mortality in patients with acute PE compared to TAPSE or sPAP as distinct measures.

Ji et al from China aimed to compare the predictive value of oscillometrically measured ankle to brachial mean arterial pressure ratio (omMAPR) and oscillometrically measured ankle-brachial index (omABI) for cardiovascular events and all-cause mortality. Which one is superior?

Duchenne muscular dystrophy (DMD)-related cardiomyopathy is associated with hemodynamic and conduction abnormalities, and begins at an early age with subtle symptoms. Turan and Kocabaş from Türkiye evaluated patients with DMD and found that they may be at risk of atrial arrhythmias due to disturbed atrial conduction.

Because the threshold for Hypertension diagnosis is the same with Home blood pressure monitoring (BPM) and the daytime values of Ambulatory BPM (135/85 mm Hg), Şirin et al from Türkiye hypothesized that training and adherence to the recommended Home BPM method will reflect the hypertensive patients more accurately when daytime Ambulatory BPM results are taken as reference. What do you think?

And letters, e-page original again,

I hope this new issue of our journal will be interest of our readers.

EDITORIAL

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