

Becker Muscular Dystrophy, Biomarkers and Risk Scores

Becker muscular dystrophy (BMD) is a primary myopathy caused by mutations in the dystrophin gene on chromosome Xq21.2, which often affects the myocardium and cardiac conduction system. However, there is limited experience with cardiac disease in BMD. This review by Finsterer J from Austria aims to summarize and discuss recent advances and future perspectives regarding the clinical presentation, diagnosis, treatment, and outcome of cardiac involvement in BMD.

Demirkıran et al from Türkiye assessed the mid-term clinical and echocardiographic outcomes of the Ozaki (aortic valve neocuspidization, AVNeo) procedure performed at a single center. What did they find?

Coronary artery perforation (CAP) is a rare life-threatening complication of percutaneous coronary intervention (PCI). Although several risk factors for CAP have been described, real-world multicenter studies analysing the clinical outcomes remain limited. Turna et al from Türkiye presents a comprehensive two-center evaluation of CAP, focusing on angiographic severity, management strategies, and short- and long-term outcomes.

The uric acid-to-HDL cholesterol ratio (UHR) has recently emerged as a novel composite biomarker reflecting both pro-oxidant and anti-inflammatory balance. Astan et al from Türkiye evaluated the relationship between UHR and coronary slow flow.

Atıcı et al from Türkiye performed a simulation to compare CVD risk scores using the widely applied Framingham and Reynolds systems, as well as more recently developed PREVENT system. Which one is the best?

Primary (non-ischemic) cardiomyopathy poses diagnostic challenges due to phenotypic heterogeneity and non-specific clinical presentation, and commonly used circulating biomarkers have limited disease specificity. He et al from China aimed to prioritize mechanism-informed plasma biomarkers and evaluate their diagnostic discrimination in a clinical cohort. New findings?

A recently proposed uric acid index combining fasting glucose, triglycerides, and uric acid has shown promise in cardiovascular risk stratification. Çamkıran et al from Türkiye assessed whether the index could predict significant coronary artery stenosis ($\geq 50\%$) on coronary CT angiography and compared its diagnostic performance with serum uric acid.

The cardiovascular effects of sodium–glucose cotransporter-2 inhibitors and dipeptidyl peptidase-4 inhibitors (DPP-4i) have attracted increasing interest in patients with type 2 diabetes mellitus. Kaya and Köker from Türkiye compared the time-dependent effects of empagliflozin and linagliptin on left ventricular diastolic function and global longitudinal strain in these patients.

And a case report, letters, e-page original...

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

EDITORIAL

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