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Focus Issue on Interventional Cardiology

EDITORIAL

Muscular strengthening activities in the general population, in order to reduce incidence of cardiovascular disease and mortality has been reviewed by Lopez-Jaramillo et al from Colombia. They especially assessed handgrip strength in the clinical medical setting as part of routine care using an affordable device.

Many studies have investigated coronary artery perforations as one of the most feared, rare, and catastrophic complications of percutaneous coronary intervention (PCI). Gündüz et al from Turkey aimed in their study to report their experience over a ten-year period for clinical and angiographic characteristics, management strategies, and outcomes of CAP during PCI at different cardiology departments in Turkey.

Tetrilimus (Sahajanand Medical Technologies Limited, Surat, India) is a biodegradable polymer coated everolimus-eluting stent (EES) with cobalt-chromium stent platform and ultra-thin (60 μm) strut thickness. Kasturi et al from India report 1-year safety and clinical performance of Tetrilimus EES in patients with coronary artery disease in 'real-world' clinical practice.

Cardioneuroablation (CNA) is one of the emerging therapies in vasovagal syncope. Candemir et al from Turkey studied a simple method of CNA performed via right sided approach, targeting anterior-right 9 and right-inferior ganglionated plexi, along with procedural and follow-up data. They found it effective.

Sharma et al from India tried to determine the accuracy of global longitudinal strain and territorial longitudinal strain in determining myocardial viability in comparison to single-photon emission computed tomography in out of window period anterior wall myocardial infarction patients. They said that this predicts viability and can be performed safely and quickly in high-risk group of patients.

Aghajankhah et al from Iran evaluated the contractile function of the left ventricular muscles in subjects with normal coronary artery and normal variations of coronary dominance.

Özyurtlu et al from Turkey examined the effects of sheath removal immediately after the procedure on access site complications and patient comfort rather than sheath removal 4–6 hours after femoral percutaneous coronary intervention. They concluded that immediate sheath removal is safe and more comfortable for patients with PCI who received weight-adjusted dose heparin, regardless of the ACT levels after the procedure. Very useful for interventionalists.

And new case reports, letters and e-page originals.

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

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