

Position Paper on Obstructive Sleep Apnea and Many New Studies

Obstructive Sleep Apnea and Cardiovascular Disease: Where Do We Stand? A narrative review and position paper from the Turkish Collaboration of Sleep Apnea Cardiovascular Trialists (TURCOSACT), founded by the Turkish Society of Cardiology & Turkish Thoracic Society by Peker et al from Türkiye. It is a very detailed paper and would be very useful for the clinicians.

Dong et al from China mentioned that Quantitative flow ratio (QFR) is a novel technology for functional assessment of intermediate coronary stenoses. The authors sought to explore the influence of diabetes mellitus on the application of QFR and predictors of discrepancies between QFR and fractional flow reserve.

Li et al from China found in rats that Silencing of UTX attenuates aging associated cardiac fibrosis via blocking cardiac fibroblasts-to-myofibroblasts trans differentiation and consequently attenuates aging-associated cardiac dysfunction and cardiac fibrosis.

Yu et al from China aimed to evaluate the levels of platelet reactivity at different time points across a 12-month period and identify the prevalence of High residual platelet reactivity (HRPR) in patients with clopidogrel-based DAPT treatment after Xinsorb implants. The study also investigated the stent factors as well as patient factors for platelet reactivity. Interesting results.

There are few clinical and biochemical markers to predict prognosis in patients with heart failure with reduced ejection fraction (HFrEF). Örsçelik et al from Türkiye suggest that urinary angiotensinogen elevation is an indicator of local RAAS activation that can be used to detect patients with high mortality risk.

Acute pulmonary embolism (APE) has been reported to be the third most frequent cause of cardiovascular mortality in the developing countries, and has a wide clinical and prognostic spectrum from subclinical low risk APE to acute cardiogenic shock. Therefore, assessment of the severity of the disease and individualized prognosis are essential, immediately after diagnosis, for determining the risk-based optimal treatment modality. So Hakgör et al from Türkiye proposed a novel composite risk stratification index composed of RV diameter, sPAP-echo, tricuspid annular plane systolic excursion (TAPSE), RV free-wall diameter (RVFWD) as measures of RV pressure burden in this setting. This index was as follows; $(RV \text{ diameter} \times sPAP\text{-echo}) / (RVFWD \times TAPSE)$. While diameters of RV and RVFWD were acquired from initial CTPA study, sPAP-echo and TAPSE were calculated from TTE examination during hospital admission. Moreover, they investigated the relation between former risk stratification models and in-hospital and long-term mortality outcomes. This could be a new contribution to this entity.

And a new case report, letters and e-page originals ...

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

EDITORIAL

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