

Focus on Arrhythmias

High Altitude Pulmonary Hypertension (HAPH) is a condition affecting adults or children residing at altitudes above 2500 meters. It is caused by a combination of factors including decreased oxygen content due to higher altitudes, increased blood viscosity, enhanced sympathetic nervous activity, and genetic predispositions. Ma et al from China reviewed the role of macrophage mediated immune responses in high-altitude pulmonary arterial hypertension, with a focus on hypoxia as a key feature.

The presence of constrictive pericarditis in conjunction with tricuspid regurgitation (TR) and the worsening of TR following pericardiectomy are associated with a reduction in patient survival. Wang et al from China investigated the prevalence of tuberculous constrictive pericarditis in conjunction with TR, the incidence of worsening regurgitation following pericardiectomy, and the analysis of associated factors.

Mahajan et al from India assessed the diagnostic accuracy of the Spandan Lead II smartphone-based ECG device regarding cardiac arrhythmia, compared with that of the only lead II ECG strip from the gold-standard ECG machine (BPL ECG machine) and the diagnosis by a cardiologist. They confirmed the clinical validity and usability of lead II-based arrhythmia testing using the Spandan smartphone-based ECG device.

Atrial fibrillation (AF) is the most common acquired cardiac rhythm disorder and has become a notable public health concern. Investigation the left versus right atrium (RA) transcriptome in AF is crucial because it provides insights into the gene expression changes that drive the molecular mechanisms underlying AF, potentially leading to targeted therapies and better patient outcomes. In this study Deniz from Türkiye proposed that variances in the transcriptomic profiles between the human left atrium (LA) and RA, as well as alterations in molecular pathways, could offer potential targets for the onset and persistence of AF.

Atrial tachyarrhythmias (ATa) during the blanking period (BP) may predict late recurrences of arrhythmia. This study evaluates the outcomes of redo procedures during BP in patients with early recurrence after catheter ablation (CA) for atrial fibrillation (AF). Çöteli et al from Türkiye suggested the need to reevaluate BP definitions, as selected patients may benefit from early redo procedures to enhance long-term outcomes.

And a case, letters, e-page originals.

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

EDITORIAL

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