Preface

For more than two years, I have been serving as the editor-in-chief of Current Cardiology Reviews. In this time period, the world has been faced with the pandemic caused by the SARS-Cov-2. From a cardiological point of view, the new pandemic poses new challenges as the COVID-19, apart from the pulmonary apparatus, also affects the cardiovascular system.

Despite the pandemic, scientific research has not stopped, and Current Cardiology Reviews has received many submissions in the past year.

In the first issue of 2022, we are publishing a total of 12 articles. Five of them include a thematic issue presented by Mohammad Alkhalil. The topic is “Contemporary Percutaneous Coronary Intervention, the role of anatomy, physiology and imaging”, which I consider to be of interest and high value for cardiologists, considering its practical applications. I do hope that readers will enjoy these articles and that they will prove to be useful for practical cardiologists.

The remaining seven are general articles. Diane Xavier De Ávila and colleagues describe the High-output Cardiac Failure and suggest this condition to have many aetiologies, and some of them as potentially curable, providing that they are promptly recognized and properly treated.

In another interesting manuscript, Lutfu Askin et al. address the role of serum Resistin in Cardiovascular Disease. This molecule is secreted by the bone marrow, monocytes, and macrophages, and contributes too many processes, including endothelial dysfunction and atherothrombosis. Previously published clinical studies have shown that plasma resistin levels are significantly associated with cardiovascular disease risk factors and adverse clinical outcomes, probably because of its relationship with oxidative stress in advanced atherosclerosis.

The article provided by Ankit Kumar Sahu and colleagues is a brief overview of cardiovascular diseases in pregnancy. It is known that the presence of cardiovascular disease is a challenge and has a significant impact on pregnancy.

The manuscript by Siordia and Kaur is a very interesting meta-analysis dealing with pulmonary embolism and its treatment with catheter-directed thrombolysis versus systemic anticoagulation. The authors suggest that major bleeding is similar between the two treatments, but catheter-directed thrombolysis has 30-day and 1-year mortality with equivalent rates of major bleeding compared to systemic anticoagulation for the treatment of sub-massive pulmonary embolism.

In a systematic review article, Moradifar et al. addressed the role of organic and inorganic nanoparticles in the drug delivery system for hypertension treatment. They conclude that some organic nanoparticles, such as PGLA and chitosan, can be considered as options in nanomedicine for treating high blood pressure, but further investigations are needed to prove their effects and possible toxicity.

Finally, the review along with meta-analysis by Mendel et al. revolves around the drugs for the prophylaxis of junctional ectopic tachycardia. They conclude that amiodarone, dexmedetomidine, and magnesium exhibit promising results, but dexmedetomidine is better in reducing the length of ICU stay as well as mortality. Moreover, dexmedetomidine also has the least pronounced side effects among the three. However, the authors warn that these studies involve small sample sizes.

I would like to thank the authors for their efforts in contributing to Current Cardiology Reviews and their high-quality papers.

Antonio Cisafulli
University of Cagliari
Italy