

New editor and short introductory notes

I am pleased to announce that, as of this issue, Prof. Dr. Mustafa Kılıçkap has been appointed an editor of this journal. He already worked with me in the same department as one of the journal's editorial assistants, and I am sure that he will perform his new role in the best possible way and make a significant contribution to our journal. I welcome him and convey my congratulations. I would also like to take this occasion to express my wholehearted thanks to Prof. Dr. Adnan Abacı, our previous editor, who successfully managed a difficult nine-month transition period, and I am pleased that he is continuing to work on the journal as an assistant editor.

We recently held a meeting with our editorial assistants. In this meeting, tasks were distributed and decisions were made about the operation of the journal. Undoubtedly the most important issue, the review process, was featured, and we decided to increase the number of reviewers working with us. I am calling on all our readers and authors to consider being a reviewer for our journal and I would like to say that we are waiting for your applications, which should include your field of interest.

There are manuscripts in this issue of our journal that I think will attract our readers' attention:

Coarctation of the aorta and patent ductus arteriosus (PDA) are two congenital heart diseases that should be treated in early childhood. In their manuscript, "The use of covered stents in the simultaneous management of coarctation of the aorta and patent ductus arteriosus," Emine Hekim Yılmaz et al. reported the largest series of patients in the literature in whom covered Cheatham Platinum stents (NuMED, Hopkinton, NY, USA) were used for the simultaneous percutaneous treatment of coarctation and PDA.

In another study, by Emin Evren Özcan et al., entitled "The impact of the left ventricular pacing polarity and localization during cardiac resynchronization therapy on depolarization and repolarization parameters," they concluded that the left ventricular pacing site, from the perspective of basal and non-basal segments, had no differential effect on repolarization parameters. This is important for arrhythmic risk in patients with cardiac resynchronization therapy devices.

With regard to arterial access sites for cardiac catheterization, much research has been devoted to determining which site is the best suited to specific patients and circumstances. Elton Soy-

dan and Mustafa Akin propose a new access site, the left distal radial approach, as a new technique for coronary angiography and interventions. They discuss this new technique and found it to be both safe and practical.

From China, Wei Wang et al. report features of a segment of their population in the manuscript, "Correlation of rs1122608 SNP with acute myocardial infarction susceptibility and clinical characteristics in a Chinese Han population: A case-control study." This manuscript offers a new perspective on the controversial issue of the role of rs1122608 and whether this acts as protective factor or a risk factor in acute myocardial infarction in the Chinese population.

"Intermittent hypoxia induces beneficial cardiovascular remodeling in the left ventricular function of type 1 diabetic rats" should be considered a novel potential contribution to the understanding of diabetic cardiomyopathy. The role of intermittent hypoxia as a cardioprotective effect in diabetic rats would be a new therapeutic strategy.

Resistin is a cysteine-rich peptide associated with atherosclerosis and diabetes. Resistin level increases in parallel with coronary artery disease and the severity of heart failure. Therefore, it is expected to be associated with left ventricular end diastolic pressure. The manuscript, "Is there a relationship between resistin levels and left ventricular end-diastolic pressure?" addresses this issue.

The paper by Bedrettin Yıldızeli et al., "Pulmonary endarterectomy for chronic thromboembolic disease for chronic thromboembolic disease," is another interesting manuscript and focuses on surgical treatment with pulmonary endarterectomy in a special group with a mean pulmonary artery pressure of less than 25 mm Hg. The results of 23 patients who underwent surgery at an specialized center in Turkey are provided, and these results will no doubt result in some discussions on this topic.

The editors of the Anatolian Journal of Cardiology sincerely hope that the readers of this issue will find it of interest.

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