

Noteworthy items in this issue

Many remarkable original studies have been published in this issue. Some studies with interesting and different facets attract the readers' attention. The study, "Preliminary results from a nation-wide adult cardiology perspective for pulmonary hypertension: Registry on clinical outcome and survival in pulmonary hypertension Groups (SIMURG)", has produced unexpected results for Turkey. Pulmonary hypertension is a progressive, clinical disease that generally results in death. The thrombus developing in the small pulmonary arteries, concentric remodeling, vaso-spasm, and inflammation are the leading pathological changes of this disease. These changes often lead to an increase in pulmonary vascular resistance and pulmonary artery pressure and cause severe dysfunction in the right ventricle and atrium. This research highlights many years of the study conducted by the Turkish Society of Cardiology Pulmonary Vascular Diseases Project Group and constitutes an important first effort in Turkey.

However, the study has some noteworthy limitations. An adequate cooperation was not created among pediatric cardiology, pulmonology, rheumatology, and in general, cardiology centers, which have provided the research data. A complete harmonization of the "New criteria adopted by the consensus statement of Nice 5th World PH Symposium" will be achieved through the further progress of this SIMURG study. The expanded SIMURG will include new diagnostic and prognostic algorithms based on the prospective criteria.

Because of the information obtained through its findings, this study has created a very valuable database regarding highlighting the research so far and prospects.

The discussion on the length of time and conditions under which optimal duration of dual antiplatelet therapy (DAPT) should be applied in the patients with drug eluting stent (DES) continues. The American Society of Cardiology recommends the co-administration of aspirin and P2Y12 inhibitors for at least six months. A shorter use of DAPT results in the risk of stent thrombosis, and conversely, its continued use for long periods leads to a bleeding risk. Many studies considered this and showed that using DAPT for less than 12 months may not have any worse results.

In this issue, Galujapalli et al. present a very important network meta-analysis that investigates the efficacy and reliability of DAPTs used at different times after the application of DES, on their research titled "Optimal Duration of Dual Antiplatelet Therapy after Drug Eluting Stent Implantation - A Network Meta-

Analysis." In this research, readers will also notice that different antiplatelet medications (clopidogrel, ticagrelor, and prasugrel) are not comparable with each other. Stent placement, localization, and generation differences must be considered concerning the findings. For the above reasons, the hypothesis and the results should be analyzed to receive further information on the subject. Although they carried out a network meta-analysis on a hazard ratio scale, which accounts for the different length of follow-up in each study, this assumes proportional hazards throughout study. Individual patient data would allow the exploration of other assumptions.

Despite these limitations, the study found no benefit in extending DAPT beyond 12 months. The lower frequency of myocardial infarction and stent thrombosis came at the price of increasing major bleeding. DAPT therapy following DES implantation should be limited to six months as suggested by various updated guidelines recently.

Atrial fibrillation (AF) is the most commonly seen sustained cardiac rhythm disorder. The elderly population is much higher in countries such as Turkey than in other similar countries, so the subject call for a detailed analysis.

There are no large-scale studies from Turkey on the incidence, prevalence, and mortality of AF but the Turkish Adult Risk Factor (TARF) study, a prospective cross-sectional study of 3450 adults, found a prevalence of AF of 1.25% and an increase of 1.35 per 100 person-years.

In this issue, Doğan et al. conducted a research titled "Analysis of geographic variations in the epidemiology and management of non-valvular atrial fibrillation: results from RAMSES registry," aiming to demonstrate the epidemiological characteristics and stroke prevention strategies in nonvalvular AF in all regions of Turkey and determine any potential differences between these regions. The most important limitation of this study is the observational analysis of registry data. Clinical outcomes such as stroke, mortality, and re-hospitalization were not evaluated in the registry. This crucial RAMSES study was the first study showing significant regional differences in the clinical characteristic and management of non-valvular AF in Turkey's seven geographic regions.

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