

Troponins, WATCHMAN, and much more

Early recognition and immediate cardiopulmonary resuscitation (CPR) are critical for successful resuscitation of patients who experience sudden cardiac arrest. To achieve this goal it is essential to perform CPR according to the current guidelines. Cardiologists are expected to be able to do this better than anyone. Oktay et al., from Turkey, conducted a survey of cardiologists to determine their knowledge and skill related to CPR. The results are surprising.

Segiet et al., from Poland, investigated the role of interleukin-33 in the pathogenesis of heart failure as an inflammatory cytokine. The findings will surely lead to comprehensive discussion.

Zhai et al., from China, assembled the results of patients with atrial fibrillation who had a WATCHMAN device implanted to provide left atrial appendage occlusion. This evaluation of 658 patients will be of interest to interventionists.

Yaylı et al., from Turkey, examined the survival of patients with pulmonary arterial hypertension according to the grade, the number of low-risk criteria, and the number of high-risk criteria at diagnosis and during the first year of treatment to determine the most reliable subset of variables and to explore the ability of the European Society of Cardiology/European Respiratory Society guidelines' risk assessment tool to accurately predict mortality in their cohort. Their suggestions may be useful for providing a refined prognosis for these patients.

In this issue you will also see the second consensus report of Turkish Society of Cardiology. This report is about the rational use of cardiac troponins in daily practice. It is very important to conduct a detailed evaluation of troponins.

In addition, of course, we have interesting case reports, letters, and e-pages.

I hope readers will find the current issue engaging.

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