New Impact Factor and the New Issue

During the past month, we learned that the impact factor of our journal has risen to 1,271, which has made us very happy and proud. Although this rate of increase may appear to be low, continuity and consistency is also of great importance. This success has been achieved thanks to the efforts of our former editors and our authors and we would like to express our thanks to them. Our journal is already demonstrating remarkable success in the national and international arena, but be that as it may, we all have responsibilities to improve it even further.

New manuscripts in this issue include:

ATRIA (Anticoagulation and Risk Factors in Atrial Fibrillation) is a relatively new scoring system for predicting long-term prognosis in patients with acute myocardial infarction compared with other systems, especially the GRACE (Global Registry of Acute Coronary Events) risk score. Gökhan Çetinkal et al. have found that the ATRIA risk score is more user-friendly and has the added value of predicting long-term adverse events in a group of patients other than those with atrial fibrillation.

Wei Meng et al., from China, have analyzed the degree of inflammation present and the effects on the biomechanical strength of the involved aorta in Type A aortic dissection and ascending thoracic aortic aneurysm.

E. Bilal Karaayvaz et al., from Turkey, have evaluated ventricular repolarization parameters in patients with Turner syndrome, and the findings provide some pointers that can help prevent sudden death in these patients.

Xueiun Jiang et al., also from China, have studied coronary heart disease (CHD) in patients with heart failure (HF) and CHD patients without HF according to peripheral blood mononuclear cell miRNA profiles. They found that a combination of some miRNAs, as well as hypertension, correlate with an increased risk of HF in CHD patients, and that this could be a biomarker.

For patients with acute HF, a higher diuretic dose during the first 72 hours predicts a longer stay in the hospital. This conclusion comes from Hirotaka Kato et al., from the USA.

In their article, Manolis Vavuranakis et al., from Greece, have examined computational imaging of the aortic vasa vasorum and neovascularization in rabbits using contrast-enhanced intravascular ultrasound (CE-IVUS) and conducted a histological analysis. Histology confirmed the CE-IVUS images. These findings could be extrapolated to clinical determinations of vulnerable plaque.

I hope this new issue of AJC will be a rich source of interest to our readers.

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