

# Innovations and current opinions in Cardiology

## Introduction

Cardiology is a branch of medicine that deals with the disorders of the heart as well as some parts of the circulatory system. The field includes medical diagnosis and treatment of congenital heart defects, coronary artery disease, heart failure, valvular heart disease and electrophysiology. Physicians who specialize in this field of medicine are called cardiologists, a specialty of internal medicine. Interventional Cardiology focuses on the latest therapeutic efforts such as application of cardiac progenitor cells, angioplasty, percutaneous coronary intervention (PCI) such as percutaneous transluminal coronary angioplasty (PTCA), and other stent implantation, anticoagulant drugs (blood thinners), therapy after open heart surgery, use of ventricular assist device etc.

## Discussion

In current volume 11, various aspects of toxicology were discussed by the authors from different parts of the world. In the research article, Hailan A, et al. studied PCI in comatose patients has a high, but not prohibitive, 30-day mortality, clustered mainly in the first post-procedural week. Cardiogenic shock, incomplete revascularisation and reduced post-procedural TIMI flow in the infarcted related artery are associated with death [1].

Jonathan et al. in their research summarized the literature outcome data of Impella heart pumps. The present study demonstrates very encouraging survival in cardiogenic shock patients and very good 30 day outcomes in patients undergoing prophylactic support for high-risk PCI [2].

Bhandari B et al. studied about Conscious sedation compared to general anesthesia could potentially be the better alternative for TAVR with no increased adverse events [3]. Sayed investigated the sevoflurane combined with mTTM is a safe alternative

in OHCA survivors. We demonstrated a shorter ventilator dependency, and both a shorter ICU and hospital length of stay. The lower delirium incidence in patients with full neurologic recovery is of particular interest and deserves further research. It is possibly associated to less benzodiazepine administration [4].

Yuan Shuai et al concluded that EAT in patients undergoing echocardiography or CT examination has certain value in the diagnosis and risk stratification of coronary artery disease due to its ease-of-use, cost-effectiveness and non-exposure characteristics, and is worthy of further clinical exploration [5].

John Papanikolaou et al. study provides an incidence of 1.82% for SCAD-induced MI in central Greece. SCAD mainly affects women, who are typically aged <55, non-pregnant (rather postmenopausal), and it predominately occurs as type 2 LAD disease; established precipitating SCAD stressors/disorders show weak pathogenic role in our specific population [6].

Motoaki Sano et al. studied that excessive intake of SFA directly affects the fatty acid composition of cardiomyocyte membranes and induces diastolic dysfunction. Balanced intake of MUFA or activation of Sirt1 can ameliorate diastolic dysfunction due to SFA overload [7].

Walid Hassan et al. reported a unique case of a patient with multiple atherosclerosis risk factors demonstrating multisite severe and critical stenosis and occlusion including CAD, Bilateral Carotid, Subclavian, Iliac, Femoral, and tibio-peroneal trunk [8].

Yan-Rong Liu et al. in their research suggested that PVI catheter ablation compared to AADs for AF in patients with HFrEF results in significant improvement in LVEF, quality of life and functional status, with a survival benefit. But it also

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remains imperative to design large “hard endpoints” RCTs that reflect shifting global ablation techniques, technologies, and patient selection [9].

María Mónica López Rodríguez et al. stated that cardiogenic shock is a potentially fatal complication of acute myocardial infarction and other heart diseases. This article provides general information about cardiogenic shock [10].

### References

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