

Editor's Preface 2014

The current issue of the Journal of Cardiovascular Disease Research contains one original article devoted to the early cardiac involvement in patients with β -thalassemia major, 3 review articles mainly about the diagnosis and therapy for cardiovascular disease, and 5 case reports reported by authors from India.

The beta form of thalassemia, which results in β -thalassemia, is particularly prevalent among Mediterranean people. The author Abd ElMohsen A *et al*, from Egypt, reported their study about the early cardiac involvement in patients with β -thalassemia major. They found that by Tissue Doppler Imaging, the impaired left ventricular systolic function could be detected earlier than that by standard echocardiography. Also, they found the increase in left ventricular septal and posterior wall thickness precedes changes in QTc and QTd as a precursor of arrhythmias in β -thalassemia major.

Review article provides a series of research on a topic at that moment in time, although it does not report new or original experimental work. A compilation of these reviews forms the core content of a 'secondary' scientific journal. A good review article may save our time to have a complete understanding of one topic. Three review articles are shown in this issue.

Firstly, Alok Kumar Singh critically reviewed the recent studies to compare the role of revascularization by percutaneous coronary intervention or coronary artery bypass grafting and modern optimal medical therapy in the management of chronic stable angina. The author concluded that medical therapy and change in life-style risk rather than revascularization approaches should be used for first line therapy for stable angina control.

Secondly, Amit Nandan Dhar Dwivedi et al reviewed the advantages and disadvantages of Computed Tomography in the evaluation of various of congenital heart diseases.

Lastly, Negin Kassiri and Seyed Mohammadreza Hashemian reviewed the manifestation and prediction rules of pulmonary embolism, including mortality rates, diagnostic tests and approaches.

Case reports are valuable resources of new and unusual information that will guide clinicians who have similar patients and lead to better patient care, and may lead to

vital research and advances in clinical practice. Five case reports are included in the current issue.

Mesobuhus Tamulus (An Indian red scorpion) flourished all over coastal region of India. Himatrao Saluba Bawaskar and colleagues from India, reported a case of acute myocardial infarction resulted from severe scorpion envenoming. Severe scorpion envenoming is characterized by cardiac failure and high mortality. Here, the author demonstrated a case of severe scorpion envenoming with acute myocardial infarction, evidenced by the classical dynamic electrocardiograph changes of acute myocardial infarction. Also, ventricular tachycardia and fibrillation, the lethal cardiac arrhythmias occurred to the patient. With intravenous scorpion antivenin, oral prazosin and intravenous bolus of 30 mg tenecteplase, the patients recovered.

A case of differential flows in the aortic graft following open surgery is also addressed in this issue. Open surgery is the classical and important therapy for aortic aneurysm. It typically involves exposure of the dilated portion of the aorta and insertion of a synthetic graft. In the report by Vikas Deep Goyal and colleagues, a 60 year old male patient with combined infra-renal aortic artery and iliac artery aneurysm was treated with open surgery. However, one month after the surgery, computed tomography showed that differential anterior-posterior contrast enhancement was observed in the graft, possibly due to differential flows, turbulence and stasis in the aortic graft. Therefore, it is a good lesson that over sized aortic graft either length wise or in diameter along with other factors like angulation, stretchability of the graft and limited distal outflow can lead to differential flows, turbulence, stasis and thrombosis following open surgery of Infra-renal aortic and iliac aneurysm.

A rare case of ruptured left sinus of Valsalva into main pulmonary artery is demonstrated in the current issue. Aneurysm originating from the left coronary sinus is rare. Here, Pranal Bhalchandra Gangurde presents a case of 60 year-old adult who presented with congestive heart failure. With various examinations, including transthoracic and transesophageal echocardiography and cardiac catheterization, aneurysm of left sinus of Valsalva was found. To make it worse, the aneurysm was ruptured, opening into the main pulmonary artery. It is a great pity that the patients refused the surgical treatment.

Another even rarer case of cardiac anomaly is also reported in this issue. Abhay Tidake et al reported a 2 month old male child presented with dyspnea, fatigue and central cyanosis. Echocardiogram revealed a common atrium, single ventricle, common atrioventricular valve with moderate regurgitation, inferior vena cava opening into right side of common atrium, left sided aortic arch with large Patent Ductus Arteriosus. The electrocardiography, echocardiography and chest radiograph of the patient are shown here, which are precious to clinical practice, since fetus with this kind of cardiac anomaly usually dies in the uterine cavity.

The last case report is about a patient with acute myocardial infarction with hyperhomocysteine. Here, Himmatrao Saluba Bawaskar et al reported a 38 year-old male patient with acute myocardial infarction, who was a vegetarian and had no history of hypertension, diabetes, and smoking. Laboratory finding showed that his plasma homocysteine was 80.98 $\mu\text{mol/L}$, which was about 5 times higher than the normal one. It reminds people to put more attention on the plasma homocysteine and those with hyperhomocysteine may need anti-hyperhomocysteine therapy.

I am grateful for the above authors for their excellent contributions.

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