RBCI Articles Cited in a Journal of High Impact Factor

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A few weeks ago, we received the auspicious news that two articles of Revista Brasileira de Cardiologia Invasiva (RBCI) were included in a meta-analysis by authors from Mayo Clinic, which evaluated the impact of off-hour primary coronary angioplasty, and was published in the British Medical Journal.1 This is, to our knowledge, the first non-Brazilian authors’ publication in a journal of great impact factor including articles from RBCI. The articles cited are by Cardoso et al.,2 from Instituto de Cardiologia do Rio Grande do Sul, Porto Alegre (RS), and by Albuquerque et al.,3 from Biocor Hospital, Belo Horizonte (MG). Some years ago, this fact might have seemed like a distant dream, but today it became reality. Undoubtedly, this is the result of the investment of Sociedade Brasileira de Hemodinâmica e Cardiologia Intervencionista (SBHCI; Brazilian Society of Hemodynamics and Interventional Cardiology) in its strategies on behalf of a scientific journal of higher quality. We hope that the greater international visibility of RBCI will be a factor of incentive for our authors to submit articles that increasingly explore the relevant topics of our specialty, which clearly attract more attention from other researchers, and also from our readers.

This issue features articles with content reflecting practices at the forefront of the specialty, which include, among others, the ulnar access, a new method of obtaining pressure curves in patients with congenital and structural heart disease, percutaneous occlusion of the left atrial appendage, and treatment of renal artery aneurysms and renal sympathetic denervation with irrigated-tip catheter in resistant hypertension. The issue also includes a review article concerning radiological protection in interventional cardiology.

Andrade et al., from Santa Casa de Misericórdia of Marília, Marília, SP, Brazil, present the results of patients who used the ulnar pathway for invasive coronary procedures. The authors compare the occurrence of bleeding and vascular complications among cases whose initial intention was to use the ulnar access, and in those whose use of such access occurred after a failed cannulation of the ipsilateral radial artery. Their center is very familiar with radial and ulnar access, and it offers dedicated materials and a multidisciplinary team trained in the handling of hemostasis.

Novaes et al., from Hospital das Clínicas, Ribeirão Preto, SP, Brazil, describe the pioneering use, in our midst, of the pressure-wire system for obtaining pressure curves in patients with congenital and acquired structural heart disease. The authors comment on the frequent limitation of diagnostic catheters for obtaining pressure curves without artifacts, and on the potential contribution that the method using the pressure-wire can provide, when reliable manometric recordings of the pulmonary circulation, transvalvar gradients, and stenoses of native vascular or surgical conduits are needed. Carlos Pedra, from Instituto Dante Pazzanese de Cardiologia, São Paulo, SP, Brazil, in a corresponding editorial, welcomes the new application of the method, which goes beyond the determination of fractional coronary flow reserve. This author explains the importance of acquiring basic hemodynamic data, which is often relegated to the sidelines, and of the correct interpretation of some of these parameters, critical to guide an appropriate percutaneous or surgical intervention.

Quizhpe et al., from Hospital José Carrasco Arteaga, Cuenca, Ecuador, demonstrate their experience with occlusion of the left atrial appendage with the Watchman® device in patients with atrial fibrillation ineligible for anticoagulation. These authors remind us that in the Latin American scenario, in which the socioeconomic and educational conditions and the difficulty of access to medical care make it even harder to follow a strict anticoagulation control, these devices should represent an alternative for patients at high risk of embolic events and of bleeding.

Barros et al., from Instituto Dante Pazzanese de Cardiologia, São Paulo, SP, Brazil, discuss the techniques and tactics for endovascular treatment of renal artery aneurysms, rare events that represent a therapeutic challenge. These authors present a classification of these aneurysms according to their anatomical location, and analyze the technical and procedural success, morbidity and mortality, and the rate of leakage and re-interventions in a consecutive series of patients followed for one year.

Staico et al., from Instituto Dante Pazzanese de Cardiologia, São Paulo, SP, Brazil, report the results of 12 months of renal sympathetic denervation using an irrigated-tip radiofrequency ablation catheter in refractory
hypertension. Unlike the Symplicity HTN-3, and in line with Symplicity HTN-1 and Symplicity HTN-2 studies, Staico et al. show a significant reduction of systolic and diastolic blood pressures. Additionally, these authors document the results of renal angiography performed at six months of follow-up and suggest, in their discussion, hypotheses that may explain the unexpected results found in Symplicity HTN-3 study.

In their systematic review, Leyton et al., from Centro de Desenvolvimento da Tecnologia Nuclear, Belo Horizonte, MG, Brazil, address the issue of risks and of radiological protection in interventional cardiology. Apart from exploring in depth all aspects related to the topic, the authors offer practical recommendations for the number and position of dosimeters for staff involved in interventional procedures, as well as two tables that summarize the recommendations for protection of patients and on-duty staff during fluoroscopy.

Finally, this issue also features other articles of great importance, such as the results of primary percutaneous coronary intervention performed during on- and off-hours periods, the results of percutaneous coronary intervention by radial access in acute coronary syndrome according to gender, the late results of patients who underwent implantation of drug-eluting stents from SAPPHIRE registry, the approach to spontaneous dissections of coronary arteries, the perception of discomfort in patients undergoing cardiac catheterization by radial and femoral routes, and the percutaneous occlusion of ostium secundum-type interatrial communication with state-of-the art coated nitinol prostheses.

Enjoy your reading!

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Editor

REFERENCES

