Editor's Welcome

Dear colleagues!

We present to your attention the forty-seventh issue of the International Heart and Vascular Disease Journal, which features leading, original, and review articles, as well as a report on key clinical studies presented during the HOT LINE sessions of the 2025 Congress of the European Society of Cardiology.

In the "Leading Article" section, an original study is presented that evaluates the effectiveness of pharmacological therapy and radiofrequency catheter ablation for the treatment of monomorphic right ventricular extrasystole, depending on the presence of predictors of arrhythmogenic cardiomyopathy in patients without structural heart abnormalities. The study included 452 patients, with a follow-up period of up to 5 years. According to the authors, among patients without structural heart abnormalities who had early monotopic right ventricular extrasystole without predictors of arrhythmogenic cardiomyopathy, Class I antiarrhythmic drugs were found to be the most effective. Meanwhile, in patients with monomorphic right ventricular extrasystole and identified predictors of arrhythmogenic cardiomyopathy, radiofrequency catheter ablation proved to be the most effective treatment approach.

The "Original Articles" section features three studies. The first article compares the levels of asymmetric dimethylarginine in patients with coronary heart disease (CHD) with and without metabolically associated fatty liver disease. The study included 50 patients diagnosed with CHD, divided into two equal groups: 25 with metabolically associated fatty liver disease and 25 without it. The results indicate the need for a personalized approach to treating patients with CHD and metabolically associated fatty liver disease, focusing on correcting metabolic disorders to reduce asymmetric dimethylarginine levels. The second article demonstrates that the use of N-terminal pro–B-type natriuretic peptide, cystatin C, and galectin-3 as part of a multifactorial model allows for more effective prediction of heart failure decompensation and cardiovascular mortality in post–COVID-19 patients with chronic heart failure with preserved ejection fraction, type 2 diabetes mellitus, and chronic kidney disease. The third study shows that arterial hypertension (AH) in patients with spondyloarthritis may present subclinically. About half of the patients who denied having AH were found to have masked hypertension, and among them, half had an abnormal circadian blood pressure pattern. The authors conclude that 24-hour blood pressure monitoring is necessary for the early detection of hypertension in patients with ankylosing spondylitis.

The "Review Articles" section includes two papers. The first article states that psychological and pharmacological interventions can have beneficial effects and should be considered for patients with acute coronary syndrome who experience depression, anxiety, and stress. Before discharge, all patients are recommended to be screened for mental disorders using validated questionnaires and referred for psychiatric consultation if necessary. The second article presents data on new lipid-lowering drugs. Bempedoic acid, an ATP-citrate lyase inhibitor, is emerging as a promising treatment option for patients with a history of statin intolerance. Icosapent ethyl, a high-dose ethyl ester of eicosapentaenoic acid, has demonstrated favorable effects on cardiovascular health.

As is traditional, the issue concludes with a brief report summarizing key clinical trials presented at the HOT LINE sessions of the 2025 European Society of Cardiology Congress.

We invite everybody to collaborate with the journal. Our team is waiting for your original papers, review articles, discussions, and opinions about problems, treatment and prophylaxis recommendations.

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President of the "Cardioprogress" Foundation