Editorial

Professor Fazila-Tun-Nesa Malik
MBBS; FCPS; MRCP; FRCP; FACC; FSCAI
Secretary General, National Heart Foundation of Bangladesh

It is with great pleasure that we present the first issue of volume fourteen of the Journal of the National Heart Foundation of Bangladesh. This issue features a collection of articles that highlight recent advances in the management of cardiovascular diseases in Bangladesh. It includes six original research articles and one case report.

Reperfusion therapy remains central to the optimal treatment of patients with ST-Elevation Myocardial Infarction (STEMI). Current STEMI guidelines recommend primary percutaneous coronary intervention (PCI) as the treatment of choice whenever feasible. In their original article, Malik F et al. describe a six-year experience with primary PCI in STEMI patients.

In another study, Banik D et al. evaluated the prevalence of significant coronary artery disease (CAD) among patients with severe valvular heart disease (VHD). Their work explores the association between these conditions, as the coexistence of CAD and VHD significantly influences treatment strategies.

Chronic stable angina (CSA) represents a major component of ischemic heart disease (IHD). PCI plays a critical role in its management, and nowadays, many CSA patients undergo elective PCI. Although post-procedural anticoagulation with enoxaparin in addition to dual antiplatelet therapy is used in many centers, its benefit remains uncertain. Khondker MNUN et al. present findings on outcomes of routine enoxaparin use following elective PCI.

Depression is, unfortunately, common among individuals coping with chronic or serious illnesses. In patients with heart failure (HF), depression is frequently underdiagnosed. Clinically significant depression is estimated to affect a considerable proportion of chronic heart failure (CHF) patients, with prevalence increasing alongside disease severity. Shafiuzzaman ABM et al., in a cross-sectional analytical study, assess the relationship between cardiac history, etiology, and depression in patients with heart failure with reduced ejection fraction (HFrEF).

A sedentary lifestyle contributes to an increased risk of dyslipidemia and coronary artery disease (CAD), particularly among women. Middle-aged women are more prone to dyslipidemia-related CAD compared to their male counterparts. Ahmed A et al. conducted a study to evaluate physical activity levels in middle-aged women and their association with dyslipidemia.

The angiographic perfusion score (APS), which may reflect infarct size, has potential value in risk stratification and predicting outcomes after PCI. The goal of reperfusion therapy is to restore both epicardial flow (TIMI 3) and tissue-level perfusion (TMPG 3). Tohin MH et al. investigated the impact of APS on in-hospital outcomes following PCI in patients with non-ST-segment elevation myocardial infarction (NSTEMI).

Finally, Gafur MA et al. report a unique case of mitral valve replacement with concurrent repair of left ventricular injury. The patient suffered cardiac arrest following an attempted PTMC, was resuscitated through CPR, and subsequently underwent emergency surgical intervention.

I hope the articles in this issue will enrich the knowledge of our readers and contribute meaningfully to the care of cardiac patients.