



Editorial

Journal of Cardiovascular Disease Research joins Elsevier and preface to the first issue in 2013

We are pleased to present this issue of *Journal of Cardiovascular Disease Research (JCDR)*. We begin this year with our journal poised for continued growth and success. The following internationally renowned cardiovascular scientists and distinguished professors will serve as Senior International Advising Editors of JCDR: Brian Olshansky, MD, FACC, FAHA, FHRS; C. Richard Conti, MD, MACC, FESC, FAHA; Chaoshu Tang, MD; Cheping Cheng, MD, PhD, FAHA; Fusheng Gu, MD, PhD; Leng Jiang, MD, FACC, FAHA, FASE; William C. Little, MD, FACC; and William D. Wagner, PhD, FAHA.

Please take note that beginning with this issue, JCDR is now published by Elsevier, a world-leading provider of scientific, technical and medical information products and services. Elsevier publishes many high profile journals including *The Lancet* and *Cell*, and close to 20,000 book titles, including major reference works from Mosby and Saunders. Elsevier's online solutions include ScienceDirect, Scopus, Reaxys, MD Consult and Mosby's Nursing Suite, which enhance the productivity of science and health professionals, and the SciVal suite and MEDai's Pinpoint Review, which help research and health care institutions deliver better outcomes more cost-effectively. This is an important step in the advancement of JCDR as a leading source for cardiovascular disease research information.

Topics covered in this issue include clinical and basic research relevant to cardiovascular medicine. We believe it worthwhile to highlight some of the articles that are presented in this issue.

Tiong et al reported serum and whole blood mRNA abundance of C-reactive protein and von Willebrand factor during early phase acute coronary syndrome in a case control study. Results from this study indicated that acute coronary syndrome patients showed higher serum and whole blood mRNA concentrations of C-reactive protein and von Willebrand factor than stable coronary artery disease controls during the early phase of hospitalization. This work highlights C-reactive protein and von Willebrand factor transcripts as ideal markers to identify patients at risk of acute coronary syndrome from stable coronary artery disease, even during early hospitalization.

In a study from University of Pittsburgh and Excelsa Health System, Zahid et al investigated ST-segment changes by adenosine or regadenoson, and compared the sensitivity and specificity in predicting ischemia using single photon emission computed tomography imaging. They further examined side effects induced by either agent. They found that ECG changes infrequently with adenosine and regadenoson and imaging has low sensitivity in detecting ischemia. Chest pain is often induced by adenosine and regadenoson, and is not predictive of finding ischemia on nuclear imaging.

Kumari et al reported the incidence of rheumatic heart disease and congenital heart disease in urban and rural children in Andhra Pradesh, South India. This study was conducted through clinical and echocardiographic imaging and data compiled for estimating the prevalence of these diseases. This study is relevant for understanding the overall epidemiology of rheumatic heart disease and congenital heart disease in children.

In a study from Japan, Kanamoto et al assessed the relationship between coronary artery stenosis and cardio-ankle vascular index (CAVI) in patients undergoing cardiovascular surgery. They evaluated the correlation between pre- and post-anesthetic CAVI, and found that CAVI is independent of blood pressure and reproducible in spite of the induction of anesthesia, and significantly higher in patients with coronary artery disease. Study results suggest that CAVI may be able to predict atherosclerosis and coronary artery stenosis.

Kojuri et al evaluated the potential beneficial effects of omega-3 fatty acids on patients with congestive heart failure (CHF). Although omega-3 is widely used, its efficacy in treating CHF is quite controversial. This investigation provides more clinical information.

Sriharibabu et al reported the findings of recent clinic-based and epidemiological studies on rheumatic heart disease (RHD) in adult populations of rural India. More than 44 thousand people were screened in this study and over 400 RHD patients were identified. The results showed that the overall incidence of RHD is 9.7/1000, and the morbidity varies with age and gender. The authors also provided detailed analyses of RHD complications.

Veghari et al evaluated the effects of education level and related factors on the prevalence of obesity in northern Iranian adults. The authors found that the prevalence is higher in females than males, and also most prevalent in illiterate and older people. They concluded that obesity in northern Iranian adults was negatively associated with education level and public health programs should focus on people with less formal education.

Kamal et al described a retrospective analysis of the association between congenital cardiac anomaly and imperforate anuses in newborns in Saudi Arabia. This study would be of interest to clinicians and geneticists.

Sharma et al explored whether microalbuminuria could be used as a marker for cardiovascular disease. They found that C-reactive protein and microalbuminuria could be used as important biomarkers in screening for cardiovascular disease.

Firdous et al compared the performance of different methods of diagnosing acute pulmonary embolism (PE). The methods included various non-invasive modalities, such as Wells score, 2D Echo and

D-dimer. Multidetector computerized tomography (MDCT) was served as the gold standard. The sensitivity and specificity were calculated for different methods based on the MDCT results. The combination of 2D Echo and D-dimer was suggested as a suitable substitute if MDCT was not available.

Although many ECG voltage criteria have been proposed to diagnose left ventricular hypertrophy (LVH), echocardiography is still considered to be the principal method and gold standard to diagnose LVH. In this issue, Ogunlade et al explored the four different ECG criteria: Araoye code system, Cornell voltage, Sokolow-Lyon and Gubner-Ungerleider for estimating LVH in a population of southeastern Nigeria. ECG diagnostic results were compared with echocardiogram readings, which served as a reference for LVH diagnosis. The authors concluded that the Araoye code system, Cornell and Sokolow-Lyon criteria showed favorable results, and suggested that these methods could be used as an initial assessment for potential LVH patients.

Right bundle branch block (RBBB) is a pattern sometimes observed on electrocardiograms. Although RBBB generally occurs in patients with underlying congenital or acquired heart disease, it can also occur in normal hearts. The mechanism of RBBB is intricate and complex. Progressive degeneration is associated with RBBB, besides ischemia, inflammation and mechanical damage. This study by Pakbaz et al investigated the relationship between coronary anatomy and RBBB, and some anatomic properties were identified in patients with RBBB. This work is helpful in the clinical management of patients with RBBB.

Abulaiti et al reported a special case of Wellens' syndrome that is related to coronary artery spasm and proximal stenosis of the left anterior descending artery, which is a very important issue because it requires different treatment as compared to traditional Wellens's syndrome.

Endocarditis caused by *Pasteurella multocida* is rare. In a report from the Albert Einstein College of Medicine, Mikaberidz et al described a case study for *Pasteurella multocida* infection-induced endocarditis, which was associated with rhabdomyolysis and permanent hearing loss, both of which had not been reported in relation to *Pasteurella multocida* infection. The authors hypothesized that this could be mediated by cytotoxin specific receptors. This study provides novel information about *Pasteurella multocida* infection.

Penumetsa et al reported a case of reversible cardiomyopathy following bevacizumab administration for macular degeneration. There have been recent concerns about the safety profile and reports of heart failure in patients prescribed this medication. However, there are no reports of a "stress-induced cardiomyopathy". In the absence of a good etio-pathological explanation for stress-induced cardiomyopathy, this case highlights the importance of being aware of potential offenders that can lead to a similar presentation.

In a case report from Tufts University, Arora et al presented a case of cardioembolic stroke following remote blunt chest trauma and emphasized the importance of recognizing potential complications as well as the importance of acquiring detailed patient history.

Meenakshisundaram et al reported cardiac complications of snake venom in Southern India. Snake venom is known to cause cardiovascular and neurovascular complications. However, snake venom causing malignant/severe hypertension requiring intrave-

nous anti-hypertensive drugs is relatively rare, and to our knowledge, this is the first report of such a case from Southern India. This is an interesting case series because such complications are not being commonly known among physicians, and this report allows for the meta-analysis of future studies and is of interest in tropical medicine.

Sarma et al presented a patient with a right atrial mass that lead to pulmonary embolism. After operation, the mass was identified as tuberculoma and the tissue culture was positive for *Mycobacterium tuberculosis*. This is a rare and useful clinical practice case.

Stroke is an acute cerebrovascular disease that has high clinical incidence and dire consequences. Currently, the standard stroke care in most urban areas involves a dedicated "stroke team" led by a neurologist, who assesses each new patient as soon as possible, orders a CT and MRI scans, and prescribes intravenous tissue plasminogen activator when clinically indicated. The lack of such a dedicated team in rural hospitals leads to a large, unacceptable discrepancy in the quality of stroke care. In the article from University of New England, Joshi et al used modern telemetry technologies to establish a novel stroke-treatment program, which involved a comprehensive stroke center as the "hub" and 10 rural hospitals as the "spokes". Such a hub-spoke system resulted in very impressive access to stroke specialists such that a remote stroke patient can be consulted by a neurologist within an hour. This program provides more opportunities for stroke patients to obtain thrombolytic treatments promptly. Cardiovascular events and stroke share the same urgency in prompt treatments, and this program is also helpful to patients with cardiovascular disease.

In the Letter to the Editor, Shetty et al described a rare case of a 60-year-old male with a variant of single coronary artery and angina. Instead of right coronary artery (RCA) commonly originating from aorta, his RCA originates from the mid left anterior descending artery. This letter would benefit the treatment of future cases with similar characteristics.

We hope that our readers find these papers useful to their cardiovascular disease research. Here, we extend our appreciation to authors, peer reviewers, and editorial board members who contributed to this issue. We welcome your valuable comments and feedback. With your involvement, we anticipate a prolific future for JCDR.

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