

# Diversity and Variety of Cardiovascular Medicine



**Andreas Flammer**  
Editor-in-Chief

Dear readers

In your hands you are holding the newest edition of our cardiovascular magazine. With every new issue I am impressed about the diversity and variety of cardiovascular medicine.

In the current edition first, Laura Rings and Luca Koechlin share their incredible experience during a pilot project assessing peak performances, such as surgical handling, concentration and scientific abilities, under maximal stress and sleep deprivation. Remarkably, this project was conducted and evaluated as a team effort of young cardiac surgeons in corporation with the special task forces of the police to coach leadership, guidance and teamwork. An impressive endeavor.

Further, Philippe Meyer and his coauthors, comprehensively summarize and review the literature of SGLT-2 inhibition in heart failure with mildly reduced and preserved ejection fraction. Although SGLT-2 inhibition has been shown to significantly improve prognosis in heart failure with reduced ejection fraction (defined as an ejection fraction <40%) alongside the treatment with Sacubitril/Valsartan, beta blockers and mineralocorticoid receptor antagonists, the fact that SGLT-2 inhibition reduces heart failure hospitalizations over the whole spectrum of heart failure is remarkable. For the first time, there is an effective treatment for all patients with heart failure, irrespective of the ejection fraction and etiology. A remarkable journey of a drug initially developed for blood glucose control.

Digitalization in medicine is concerning all of us and artificial intelligence is fascinating and worrisome at the same time. Guido Schüpfer and Peter Matt are demonstrating the potential of digital means to transform medicine and highlight the abundant opportunities. In the same article they also discuss the dangers and limitation as well as ethical and legal dilemmas arising with these technologies.

Leadless pacemakers have become common practice in cardiology. The devices are normally implanted via a femoral percutaneous approach. In an original article, Nadine Molitor and Alexander Breitenstein share their experiences with leadless pacemaker implantation via the right internal jugular vein and show that it is a safe and efficient alternative to avoid arteriovenous fistula or arterial aneurysm.

Finally, three fascinating and illustrative case reports complete the issue. Gonca Suna and her coauthors shine a light on right-sided atrial flutter ablation after a tricuspid valve-in-valve replacement, Stefano Caselli and his coauthors present unusual Lamin mutations together with highly complex atrial arrhythmias and Andrea Papa and his coauthors present a complex case of isolated right ventricular myocardial infarction.

Now, have a good time with this issue.

Best regards  
Andreas Flammer