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Editor Note OMICS International

Editor Note: Early Diagnosis to Reduce CVD Mortality

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Editor Note

The Journal of Cardiovascular Diseases & Diagnosis volume no. 4, issue no. 4 of the journal has published case reports, research articles and short communications emphasizing the recent research outcomes related to vascular calcification, hypertrophic obstructive cardiomyopathy, myocardial infarction, tachycardia in pediatric patients, ventricular arrhythmias, rheumatic heart disease, atrial fibrillation, valve replacement, coronary artery disease, heart failure, stroke and echocardiography.

Viegas and Simes et al. review article discussed vascular calcification which accounts for cardiovascular disease and is an independent risk factor for morbidity and mortality [1]. Cleator et al.'s short communication unveiled the ways and means to improve non-surgical septal reduction in hypertrophic obstructive cardiomyopathy [2]. Tilman's short communication discussed the algorithms of relationships between left ventricle dysfunction and atrial fibrillation [3].

Saith et al. research article was based on a retrospective cohort analysis using Framingham Cohort Study data in 2013. This investigation examined relationship parameters including primary outcome variable, time to all-cause death, age, body mass index, categorical systolic blood pressure and categorical diastolic blood pressure. These findings could help in estimating the diabetes risk in low and middle-income countries, which are having limited access to healthcare and basic laboratory testing such as Hgb A1c [4].

Sonoda et al., used optical coherence tomography to compare neointimal tissue characteristics of bare-metal stents, endeavor zotarolimus, everolimus and biolimus A9 drug-eluting stents in the patients with ST-elevation myocardial infarction and the one stent that underwent follow-up coronary angiography nine months after stent implantation [5].

Gupta et al., the study determined the incidence of arrhythmia during anesthesia induction in pediatric electrophysiologic studies. The findings of this investigation revealed that patients with the Wolff-Parkinson-White syndrome have double the risk of developing sinus tachycardia during anesthesia induction in comparison to patients with other forms of supraventricular tachyarrhythmias [6].

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