

Innovations and Current Opinions in Cardiology

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Introduction

Cardiology is a part of medicine that deals with the problems of the heart as well as some parts of the circulatory system. The field includes medical diagnosis and treatment of congenital heart defects, coronary artery disease, heart failure, valvular heart disease and electrophysiology. Physicians who represent considerable authority in this field of medication are called cardiologists, a specialty of internal medicine. Interventional Cardiology focuses on the latest therapeutic efforts such as application of cardiac progenitor cells, angioplasty, percutaneous coronary intervention (PCI) such as percutaneous transluminal coronary angioplasty (PTCA), and other stent implantation, anticoagulant drugs (blood thinners), therapy after open heart surgery, use of ventricular assist device etc.

The last 50 years has seen exceptional advances in the area of cardiology, including innovations in medications, diagnostic modalities and therapeutics. All things considered cardiovascular diseases remains the main source of morbidity and mortality globally, with less than ideal nature of care, conflicting health costs, and impractical expenses. Obviously cardiovascular medicine should go through an advanced change to upgrade the delivery of quality care and to improve outcomes. To meet this need, the American College of Cardiology developed an innovation program focused on the digital transformation of cardiovascular care, with the goal of improving heart health for individuals and populations.

Cardiogenic shock, incomplete revascularization and reduced post procedural TIMI flow in the infarcted related artery are associated with death [1]. Jonathan et al. in their research summarized the literature outcome data of Impeller heart pumps. The present study demonstrates very encouraging survival in cardiogenic shock patients and very good 30 day outcomes in patients undergoing prophylactic support for high-risk PCI [2]. Bhandari B et al. studied about Conscious sedation compared to general anesthesia could potentially be the better alternative for TAVR with no increased adverse events [3]. Sayed investigated the Sevoflurane combined with mTTM is a safe alternative in OHCA survivors. We demonstrated a shorter ventilator dependency, and both a shorter ICU and hospital length of stay. The lower delirium incidence in patients with full neurologic recovery is of particular

interest and deserves further research. It is possibly associated to less benzodiazepine administration [4]. Yuan Shuai et al concluded that EAT in patients undergoing echocardiography or CT examination has certain value in the diagnosis and risk stratification of coronary artery disease due to its ease of use, cost-effectiveness and non-exposure characteristics, and is worthy of further clinical exploration [5].

Conclusion

This study provides an incidence of 1.82% for SCAD-induced MI in central Greece. SCAD mainly influences ladies, who are typically aged. Maybe no field of medicine has had more advancement throughout recent years than cardiology. Major scientific insights, such as cardiovascular (CV) pathophysiology, coupled with pharmacologic and technologic advances have yielded breakthrough after breakthrough. Despite of the many advances, the maximum capacity of CV science and medicine has not been understood, and population health is sub-standard. CV disease remains the leading cause of morbidity and mortality in the United States and worldwide. The global burden of CV risk factors such as hypertension, diabetes, and obesity is growing in both developed and developing countries.

References

1. Hailan A, Khatun R, Ionescu A, Bodger O, Kinnaird T, et al. (2019) Immediate coronary intervention in comatose survivors of out-of-hospital cardiac arrest: Outcomes from two tertiary, 24/7 primary percutaneous coronary intervention centres in UK. *Interv Cardiol* 11: 173-180.
2. Hill J, Banning A, Burzotta F, Chieffo A, Schieffer B, et al. (2019) A systematic literature review and meta-analysis of impella devices used in cardiogenic shock and high risk percutaneous coronary interventions. *Interv Cardiol* 11: 161-171.
3. Bhandari B, Regmi M, Ibrahim A, Albast B, Koester C et al. (2019) General anesthesia versus conscious sedation in transcatheter aortic valve replacement: experience from a growing structural cardiology program in the Midwest. *Interv Cardiol* 11: 14-18.
4. AT Bos, Q Muijers, L Janssen et al. (2019) Sevoflurane combined with a modified cooling strategy significantly reduces ventilator dependency, icu and hospital length of stay in post-cardiac arrest survivors. *Interv Cardiol* 11: 35-42.
5. Shuai Y, Ke-Qing A, Xin-Quan Y, Ting X, Rong Z, et al. (2019) Association between epicardial adipose tissue thickness and coronary heart disease: A meta-analysis. *Interv Cardiol* 11: 53-60.

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