

## Dear readers!

The introduction of novel diagnostic methods based on intravital tissue biopsy, biomarkers and innovative imaging techniques opens up new opportunities in the treatment of patients with non-coronary heart disease.

Despite the increasing number of clinical and experimental studies, in actual clinical practice we are still faced with both the problem of examining patients with suspected myocarditis and the selection of optimal therapy. Mistakes in management of this category of patients, as a rule, are associated with a worse disease prognosis due to progressive myocardial dysfunction or the development of life-threatening arrhythmias.

In 2020, the National Guidelines for the Management of Patients with Myocarditis was approved by the Russian Ministry of Health. These are the only recommendations to date that regulate diagnosis and treatment of patients with myocarditis. Until recently, we were guided by the expert opinion of the European Society of Cardiology (2013) as the central document. Like any first document, the National Guidelines leave a number of unresolved issues that require further discussion. Therefore, in this issue an analysis of controversial problems in the diagnosis and treatment of myocarditis based on the National Guidelines is presented.

We will bring to your attention the results of single-center non-randomized clinical trials evaluating the effectiveness of immunosuppressive therapy in patients with documented myocarditis. Given the low availability of intravital endomyocardial biopsy, which is necessary to justify decisions on the appointment of specific therapy, as well as to confirm rare variants of myocarditis and viral etiology of the disease, it should be remembered that heart failure therapy remains the cornerstone in the treatment of patients with inflammatory myocardial diseases. In difficult cases, you can use the telehealth consulting services, which will allow not only to discuss the patient management, but also to promptly refer him to an expert center with a wide range of non-invasive and invasive diagnostics of myocarditis for the timely appointment of immunosuppressive, immunomodulatory and causal therapy.

Special attention should be paid to the study, which analyzed the common pathogenesis of idiopathic recurrent pericarditis and adult-onset Still's disease, which opens up new opportunities with the use of modern anticytokine therapy in the treatment of this disease.

In patients with COVID-19, there is high rate of cardiovascular complications due to the overproduction of proinflammatory cytokines, high tropism of SARS-CoV-2 to endothelium and the presence of prior cardiovascular pathology. Therefore, management of patients after acute COVID-19 should be further discussed.

Type 2 diabetes and obesity are well-known risk factors for heart failure and atrial fibrillation. The growing burden of these conditions, which have common pathophysiological mechanisms with cardiovascular pathology, is clearly demonstrated by the publications presented in the journal.

Of greatest interest is a publication devoted to new criteria for arrhythmogenic cardiomyopathy, the sensitivity and specificity of which have been verified on the basis of many years of clinical experience.

We hope that this issue of the journal devoted to diagnostics and treatment of patients with non-coronary heart disease will be interesting and useful for you in your practice.

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