Dear colleagues!

The main topic of the first issue of the Russian Journal of Cardiology in 2022 is diagnosis and risk management in patients with acute and chronic forms of coronary artery disease (CAD).

The "Original Articles" section leads off by a study evaluating the effectiveness of individualized medical follow-up programs for patients after acute coronary syndrome with the integration of a telehealth program and testing its clinical and patient-oriented effectiveness. The study results showed that the use of telehealth technologies in very-high-risk patients allows effective control of lipid factors. However, this approach does not completely solve the problem of low adherence of patients to the doctor's recommendations.

Another original study analyzes medical certificates of cause of death in CAD. The authors revealed a high incidence of out-of-hospital deaths, as well as from those CAD forms that do not have clear criteria for establishing a diagnosis (acute heart failure or coronary insufficiency). Unfortunately, until now, in cases of death from chronic CAD forms, there are very often (47,3%) unclassified diagnoses as "atherosclerotic" or "small-focal cardiosclerosis". The lack of clear criteria for determining the causes of death in CAD does not allow the correct use of these criteria in assessing the effectiveness of programs to reduce mortality in the population.

The interest of a reader will be attracted by works devoted to the study of predictors and the development of a model for risk stratification of ischemic events in patients with diffuse coronary artery disease, as well as after coronary bypass surgery. For practitioners, it is of undoubted interest to choose the correct algorithm for diagnosing CAD, in particular, the need to use the pre-test probability included in clinical guidelines, but rarely used in actual clinical practice to optimize invasive diagnosis of the disease. From the standpoint of comorbidity, it is important to note the results of the PROGNOZ IBS registry, which established a pronounced negative effect of calcific aortic stenosis on long-term prognosis in CAD, comparable to contribution of left main coronary artery stenosis, severe heart failure, and stroke. No less interesting are other original papers presented in this issue.

In the Literature Reviews section, readers will be interested in the work on acute coronary syndrome in patients with prior coronary artery bypass grafting. This problem is little covered in the literature, but it is in demand in practice, given the widespread use of surgical revascularization in patients with CAD. This review fills this gap and guides the practitioner to the correct solution of a complex clinical situation. In the same section of the journal, attention is drawn to new data on child's heart development and contractility, which is not only of theoretical interest, but also important for the practical work of neonatologists and pediatric cardiologists. No less interesting is the review on the role of vitamin D, which has demonstrated its relevance not only during the COVID-19 pandemic, but also as a universal predictor of cardiovascular risk and progression of cardiac pathology. Finally, the section ends with a review of myocardial revascularization by percutaneous coronary intervention in senile patients with chronic total occlusion, which, according to the authors, is still a debatable issue.

We hope that this issue of the journal, dedicated to coronary pathologies, will be of interest to a wide range of readers.

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