EDITORIAL

Editor, Ntobeko Ntusi
Professor of Medicine; Chair and Head, Department of Medicine,
University of Cape Town and Groote Schuur Hospital,
Observatory, South Africa

South African Heart: A journal facing the winds of change

"The pessimist complains about the wind. The optimist expects it to change. The leader adjusts the sails." **John Maxwell**

The SA Heart® Journal is undergoing a transition. After a notable service as the founding editor and, almost single-handedly, leading the Journal for over a decade – often through challenging times – Professor Anton Doubell has decided it is time to "adjust the sails" and consider supporting the Journal in a different manner. He hands over a Journal that is in a good state of health and primed to enter the next phase of its evolution. As with any transition, opportunity and likely challenges lie ahead. Of great comfort though, is that Prof Doubell will remain closely linked with the Journal and ready to lend his guidance and support to different aspects of its work. As a society, we are grateful to Prof Doubell for successfully steering the SA Heart® ship through sometimes choppy waters. As the incoming editor of the Journal, I am immensely grateful to Prof Doubell for a most comprehensive hand-over and sharing an expansive vision for the journal in the future.

Cardiovascular disease (CVD) is responsible for half of all deaths worldwide, with most of these deaths occurring in low- and middle-income countries (LMICs).[1] In the year 2013, an estimated 1 million deaths were attributable to CVD in sub-Saharan Africa (SSA), accounting for 5.5% of all global CVD-related deaths and 11.3% of all deaths in Africa.[2] CVD-related deaths contribute to 38% of all non-communicable disease (NCD) related deaths in SSA.[3] The high prevalence and changing profile of CVD in SSA can be directly linked to population dynamics and epidemiological transition in some of the most vulnerable societies worldwide.[4]

In response to this burden of CVD, SA Heart® aims to promote and develop clinical services, research and education on CVD, encourage fellowship among professionals who are involved in the management and research of CVD, and contribute to public welfare by education directed at the prevention and treatment of CVD in South Africa. The Journal is the official publication of SA Heart®, and promotes publication of original research and topical reviews in all disciplines related to cardiovascular medicine. Case reports are considered for publication if they are unique and contribute to improved patient care. Regular features include an ECG quiz, image in cardiology, and local guidelines. Abstracts of the annual SA Heart® Congress are also published in the fourth issue. Current challenges have included suboptimal support by members of SA Heart®.

If the Journal is to succeed, it needs to be supported by members of the society. The Journal has become a successful vehicle for publishing the work of early career scientists and registrars completing MMed and MPhil projects.

The Journal aspires to produce more regular issues as well as list on Scopus and PubMed; these aspirations, however, are dependent on an increased volume of quality submissions from members of the society. We envisage an evolution toward a fully electronic platform for managing submissions and the editorial process. The Editorial Board is likely to be expanded, together with an increase in the number of sub-editors to cover most areas of adult and paediatric cardiology and cardiothoracic surgery. We will feature regular state-of-the-art reviews from experts on all aspects of cardiovascular medicine, as well as editorials from members of the society on important topics. Finally, we would like to see the introduction of a new section, like the Editor's Corner in the European Heart Journal – that communicates summaries of findings from important studies published in leading international journals. We will consider introducing an electronic platform in terms of which readers of the Journal can earn continuing professional development points, which will be accredited by the Health Professions Council of South Africa.

In this issue of the Journal, Engel and colleagues provide a timely editorial on rheumatic heart disease (RHD) and the lessons and opportunities from observational registries.[(5)] RHD is endemic in LMICs, including many parts of SSA, which continue to be faced with an overwhelming clinical burden, lack of surgical and interventional resources, and insufficient opportunities and funding for research. In recent years, data from observational registries, most of which were investigator-initiated, not supported by large research funders and coordinated with small teams using paper-based infrastructure, have been published. These registries have provided an opportunity to accurately assess current clinical practice and outcomes, the comparison of data between institutions and adherence to guidelines – and have informed the Global burden of disease data on morbidity and mortality. Importantly, registries on RHD have contributed to our evidence base, clinical management, and advocacy. The authors warn that registries are only useful when used properly with careful attention to design, analysis and interpretation.

Weich, et al. report on the 7-year experience of transcatheter aortic valve implants (TAVI) in a Western Cape private healthcare setting.[(6)] 244 patients from 2 centres are included in the analysis, and these patients were high risk, with a mean STS score of 7.9 and logistic EUROSCORE of 26.5. The authors observe a trend toward lower risk patients over time, with most TAVI procedures performed via the

Editor,
Ntobeko Ntusi

transfemoral route. The procedural success rate was approximately 90%, with both the CoreValve and Edwards valves, the 1-year mortality was 19%, and the 1-year stroke rate was 10%.

Bosman and co-authors report their 6-year experience of the safety and efficacy of percutaneous closure of perimembranous ventricular septal defects (VSDs) in children at Inkosi Albert Luthuli Central Hospital.(7) Closure devices were successfully deployed in 98%, and 71% of patients had complete closure of the defects. Complications were minimal, and in this single centre, percutaneous closure of VSDs was safe and effective.

Swart and Joubert report their experience with minimal extracorporeal circulation in patients undergoing coronary artery bypass grafting (CABG) at a private hospital in Bloemfontein,(8) and report better renal function and shorter hospital stay compared to those undergoing conventional cardiopulmonary bypass.

Lufundo, et al. provide a pictorial essay and describe the challenges and pitfalls in the diagnosis of isolated left ventricular non-compaction on echocardiography in the setting of potential alternative aetiologies for heart failure in 4 patients.(9)

Fan, et al. report an interesting case of recurrent Takotsubo cardiomyopathy with variable regional involvement, and provide a brief review of the pathophysiology and phenotypes of Takotsubo cardiomyopathy.(10)

In gratitude, I dedicate this first issue of the Journal under my leadership, to Prof Anton Doubell.

It is my hope that the readership of SA Heart® will find this issue of the Journal to be of great interest.

REFERENCES

1. Ntusi NAB, Mayosi BM. Epidemiology of heart failure in sub-Saharan Africa. Expert Rev Cardiovasc Ther. 2009; 7:169-80.
2. Mensah GA, Roth GA, Sampson UK, et al. Mortality and causes of death collaborators. Mortality from cardiovascular diseases in sub-Saharan Africa, 1990-2013: A systematic analysis of the data from the Global Burden of Disease Study 2-13. Cardiovasc J Afr. 2015;26:S16-S10.
3. Kwan G, Mayosi BM, Mocumbi AO, et al. Endemic cardiovascular diseases of the poorest billion. Circulation. 2016;133:2561-75.
4. Keates AK, Mocumbi AO, Ntsekhe M, et al. Cardiovascular disease in Africa: Epidemiological profile and challenges. Nature Rev Cardiol. 2017;14:273-93.
5. Engel ME, Ntsekhe M and Zühlke LJ, et al. SA Heart®. 2019;16(1):38-42.
6. Weich H, Liebenberg J, van Wyk J, et al. SA Heart®. 2019;16(1):6-12.
7. Bosman M, Hoosen EGM, Degiovanni J, et al. SA Heart®. 2019;16(1):14-20.
8. Swart MJ, Joubert G, et al. SA Heart®. 2019;16(1):22-27.
9. Lufundo N, du Toit Theron H, Barrett CL, et al. SA Heart®. 2019;16(1):28-34.
10. Lee M, Fan J, Langsjoen D, Giebel D, et al. SA Heart®. 2019;16(1):36-40.