

## Editorial Note for Journal of Vascular Medicine & Surgery

I am delighted to introduce the Journal of Vascular Medicine & Surgery (JVMS) a rapid peer reviewed journal which is a valuable source of information for scholars, researchers, professionals, and students, providing in-depth perspectives on intriguing contemporary topics of Vascular Medicine. Built on an ethos of openness, we are passionate about working with the global academic community to promote open scholarly research to the world. I am pleased to announce that, 3 issues of the 8<sup>th</sup> Edition were published online well within the time and the print issues were also brought out and dispatched within 30 days of publishing the issue online during the year of 2020.

The major objective of JVMS is to publish up-to-date, high-quality and original research papers alongside relevant and insightful reviews. The Journal aims to flourish and to maintain the standards in Vascular Medicine research and practices, providing an excellent platform and opportunity to present evidence based research, reviews, case studies and analytical assessment of research that probably is much in deed for students, professors, aspiring researchers and health care professionals to enhance the patient care.

During the calendar year of 2020, JVMS received a total of 20 manuscripts, out of which 12 articles were rejected in the preliminary screening due to plagiarism or being out of the format and peer review process. After the final screening, only 8 articles were selected for publishing. A total of 100 research scientists from all over the world reviewed the articles published in volume 8 and looking forward to publish in the same year. Average publication lag time of an article was further reduced to 2-3 weeks.

In volume 8 we publish 3 Issues with 7 articles; currently we are working on Issue 4, in this issue we added 2 articles one is case report entitled “Chest CT versus RT-PCR for Diagnostic Accuracy of COVID-19 Detection: A Meta-Analysis”, in this article author discussed about the current crisis (COVID-19). Author performs a meta-analysis using retrospective studies comparing Chest CT and RT-PCR in COVID-19 detection among hospitalized patients. Results shows total of 6 retrospective studies were included comparing RT-PCR with Chest CT. A total of 1,400 patients were enrolled (average age  $46.28 \pm 2.7$  years, 41.6% were males). Chest CT was superior to RT-PCR for COVID-19 detection [OR 3.86, 95% CI (1.79- 8.31,  $p=0.0006$ )]. Heterogeneity (I<sup>2</sup>) was high (75%), but sensitivity analysis failed to reveal any single contributor to observed heterogeneity. Author conclude that Chest CT appears to be a more sensitive and quicker alternative to RT-PCR in the detection of COVID-19 in hospitalized patients, and may serve as a superior screening tool.

And 2<sup>nd</sup> one is research article entitled “Warfarin Hypersensitivity in a Patient with Mechanical Valve: A Real Challenge for the Management of Life-Long Anticoagulant Treatment”, Bleeding is the most common adverse effect of vitamin K antagonist (VKA) therapy. We describe the case of a patient who reported severe spontaneous bleeding episodes after starting treatment with warfarin-based anticoagulants following a mechanical mitral valve implant, although the international normalized ratio was within the therapeutic range. Exhaustive coagulation testing detected very low plasma factor IX (FIX) activity (FIX:C= 5 IU/dL) that increased to normal values(89 IU/dL) upon warfarin withdrawal. F9 gene sequencing revealed the presence of the p.Ala37Thr missense variation in the pro-peptide coding region. This substitution was previously associated with FIX hypersensitivity to warfarin. Patients with this variation are usually switched from VKA to direct oral anticoagulants or heparin. However, the current guidelines recommend warfarin for all patients with mechanical valves. Therefore, we determined the target plasma FIX levels in this patient to monitor warfarin therapy and allow effective anticoagulation without bleeding complications.

Average download per article is increasing and on an average there are 10 downloads per paper. All these are promising signs. We could reach this stage through the constant support of Board Members and intellectual generosity of the readers and contributors (authors and reviewers).

I take this opportunity to acknowledge the contribution of Editor-in-Chief: Sy Duong-Quy (France), during the final editing of articles published and the support rendered by the editorial assistants: Maya in bringing out issues of JVMS in time. Lastly I would like to express my gratitude to all the authors, reviewers, the publisher, the advisory and the editorial board of the Journal, the office bearers for their support in bringing out yet another volume and look forward to their unrelenting support for the successful release of upcoming editions

Any papers that you wish to submit, either individually or collaboratively, are much appreciated and will make a substantial contribution to the early development and success of the journal. Best wishes and thank you in advance for your contribution to the Journal of Vascular Medicine & Surgery.

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