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Treatment of Stroke, Dementia and Atrial Fibrillation

Guest Editors:

Prof. Dr. Vincenzo Russo

Department of Medical
Translational Sciences, University
of Campania “Luigi Vanvitelli” –
Monaldi Hospital, Via Leonardo
Bianchi, 80131 Naples, Italy

Dr. Riccardo Proietti

Department of Cardiac, Thoracic,
and Vascular Sciences –
University of Padua, Via
Giustiniani 2, 35121 Padua, Italy

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Message from the Guest Editors

Stroke and dementia are among the top ten causes of death worldwide as estimated by the World Health Organization. The reduction of burden of stroke related to AF is a difficult goal to achieve because of a few clinical characteristics of AF itself: 1) episodes of arrhythmias may be asymptomatic and misdiagnosed, 2) stroke related to AF tends to be recurrent if an appropriate treatment is not promptly initiated, 3) the occurrence during AF of silent ischemic stroke that may not clinically manifest but may impact cognitive function. Indeed, silent ischemic cerebrovascular events have been recently proposed as the main pathophysiologic mechanisms linking AF with cognitive decline and dementia. 4) Finally, in AF the disjunction between the risks of cerebrovascular events (CVE) and the burden of arrhythmias is held as a dominant concept. Accordingly, the risk of CVE is not directly related to the presence of the arrhythmia but persists even during arrhythmia-free intervals. In other words, the two forms of AF classified according to duration (paroxysmal vs persistent) of arrhythmias hold the same risk of stroke.



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Special Issue



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Kaunas, Lithuania

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Medicina Editorial Office
MDPI, St. Alban-Anlage 66
4052 Basel, Switzerland

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