In this issue of *Heart* there are several articles of particular interest to clinicians caring for patients with cardiovascular disease.

**Bicuspid Aortic Valve Disease** The association of bicuspid aortic valve disease with aortic dilation is now well recognised. However, it has been less clear whether all patients with a bicuspid aortic valve are at risk of progressive aortic dilation and adverse clinical events or whether we can identify a high risk subgroup. In a comparative study of aortic anatomy, Detaint and colleagues (See page 126) found a high prevalence of aortic dilation in adults with a bicuspid aortic valve. Although the average rate of aortic dilation was similar to Marfan syndrome patients, there was marked variability in the rate of progression with many patients with a bicuspid aortic valve having no evidence for progression aortic dilation.

In an accompanying editorial, Professor Della Corte (See page 96) points out that this phenotypic heterogeneity may allow us to stratify patients to focus followup and intervention on the subset of bicuspid valve patients most at risk of progressive aortic dilation or dissection. He also emphasises the need to describe morphologic pattern of leaflet fusion and the anatomic pattern of aortic dilation on imaging studies. He proposes that researchers should agree on a common terminology for precisely describing the bicuspid valve and aortic phenotype.

**Risk Models for Heart Failure** Based on a meta-analysis of seven studies with 1301 patients, Salah et al (See page 115) propose a risk model for patients discharged after an episode of heart failure that incorporates serum B-natriuretic peptide (BNP) levels in addition to several other clinical factors. This discharge risk score improves prediction of adverse events after hospital discharge.

**Education in Heart** The article by Head and colleagues (See page 169) provides a clear understanding of how the SYNTAX score is calculated (http://www.syntaxscore.com). This angiographic score provides a quantitative measure of coronary artery disease severity that predicts death and major adverse cardiac or cerebrovascular events during a 5 year follow up. Interobserver variability in calculation of the SYNTAX score can be reduced by physician training. Clinicians need to be aware of the SYNTAX score because it is used in...
guidelines to define which patient should undergo percutaneous versus surgical revascularisation for coronary disease.

Figure 3  The number of page views that http://www.syntaxscore.com has received since its introduction. An early peak shortly after the release and the main results from the SYNTAX trial was seen, but since then the number of page views has continuously increased.