

Registries. A Very Useful Tool

Registros. Una herramienta llena de utilidades

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When conducting a scientific study, we can choose from multiple designs. Undoubtedly, one of the most attractive is the clinical trial due to the relevance of its results. However, other types of designs can provide a very important approach to reality and, in many cases, with great significance for further improvement of patients' quality of care. Registries are a clear example that reflects the great usefulness of scientific studies other than a clinical trial. Medical registries are a very important tool for biomedical and epidemiological research in general. Their purpose can be manifold, such as documenting the natural history of a disease, the efficacy of a technique or the implementation of a certain protocol among others. An important characteristic of a registry is having a reliable institution to collect its data, responsible for its custody and for the veracity of its results. In addition, they must comply with all legal requirements in force in the territory or territories involved. Certainly, if the data affect patients, an informed consent and the approval of the relevant Ethical Committee is required.

Registries may seem modest, unassuming studies. Nothing further from reality. Nowadays, registries, in many cases facilitated by the development of new technologies that help data collection, storage and analysis, provide essential information for patient management. On the one hand, they reflect reality; revealing important facts such as absolute and relative figures that allow an optimal management of healthcare resources. On the other hand, since the registries usually incorporate data from different centers, "benchmarking" is possible to compare our results or the results of a center with the overall result of the centers studied or with the center that reports the best results. Thus, we can try to grow and improve our activity. In addition, we must bear in mind that different proceedings and assistance protocols can provide dissimilar results known as "clinical variability." This clinical variability is in principle an undesirable characteristic, since the aim should be to homogenize, always trying to implant an overall level of excellence in the quality of the procedures

and their performance. Registries are also adequate to detect problems and to solve them in the best possible manner.

In this issue of the Argentine Journal of Cardiology, Dr. Matías Cintora et al. present the first national registry of transesophageal echocardiography conducted in the Argentine Republic (1). It includes all the transesophageal echocardiograms performed in 46 centers distributed in Argentina between November 2016 and September 2018. Data was collected prospectively using computer systems that facilitated their management. Hence, the magnitude of the registry can be seen and highlighted. Although the primary objective was to evaluate the complication rate of transesophageal echocardiography, the secondary objectives are not less important, due to the valuable information they provide. The results perfectly describe such explicable variables as the average duration of transesophageal studies, the sedation rates, the indications and, of course, the complications. The reported complication rate is very small and similar to that found in previous registries in other countries. (2-4)

Simply reading the results, any cardiologist can realize the improvements needed in certain centers. Since the data is anonymous, only an honest and self-critical reading of the results should lead those involved to reflect on the need to make changes. A very important paragraph in this regard is that presenting the inappropriate indications in the use of transesophageal echocardiography. Without any intention of criticizing, I think that these data should serve in the future to rethink the need to make a transesophageal echocardiogram when similar situations arise. Another critical aspect is the use of non-multipolar probes. This registry could be of great utility in showing those responsible in institutions where non-multipolar probes are still being used the country's true reality. In Spain, a recent registry shows technical aspects of the main cardiovascular imaging units and denounces the existence of obsolete or almost outdated equipment. (5) Therefore, let us take advantage of the power of a registry, since it

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shows more prevailing arguments than those that a cardiologist may verbally express based on his own isolated experience.

This national registry of transesophageal echocardiography should be valued and praised for what it represents: a starting point for the study and knowledge of transesophageal echocardiography status in Argentina and an exceptional tool to improve and implement the necessary measures to achieve the desired objectives. From my humble point of view I think that this registry runs the risk, after being published, of not being updated or of falling into oblivion, thus, losing its enormous and potentially increasing usefulness.

CONFLICTS OF INTEREST

None declared.

(See authors' conflicts of interest forms on the website/Supplementary material).

REFERENCES

1. Cintora FM, Funes D, Gastaldello N, Ventrici JF, Marigo CM, Sánchez J, et al. National Registry of Transesophageal Echocardiography. *Rev Argent Cardiol* 2018;86:397-402.
2. Pérez de Isla L, García Fernández MA, Moreno M, Bermejo J, Moreno R, López de Sá E, et al. Safety and usefulness of transesophageal echocardiography in the acute phase of myocardial infarction. *Rev Esp Cardiol* 2002;55:1132-6. <http://doi.org/cw3g>
3. Hahn RT, Abraham T, Adams MS, Bruce CJ, Glas KE, Lang RM, et al. Guidelines for performing a comprehensive transesophageal echocardiographic examination: recommendations from the American Society of Echocardiography and the Society of Cardiovascular Anesthesiologists. *J Am Soc Echocardiogr* 2013;26:921-64. <http://doi.org/gdwpgd>
4. Aguilar Torres RJ PBJ. Libro Blanco de la Sección de Imagen Cardíaca de la Sociedad Española de Cardiología. Grupo Acción Médica, 2011.
5. Barreiro-Pérez M, Galian-Gay L, Oliva MJ, López-Fernández T, Pérez de Isla L. Spanish Cardiovascular Imaging Registry. First Official Report of the Spanish Society of Cardiology Working Group on Cardiovascular Imaging (2017). *Rev Esp Cardiol (Engl Ed)* 2018. pii: S1885-5857(18)30247-0.