

## JRCD is now an open-access journal and also accepts high-quality papers beyond the field of rare cardiovascular diseases and disorders

## Dear Readers,

We present to you the second issue of *Journal of Rare Cardiovascular Diseases (JRCD)* for 2018.

In the current issue, we present the long awaited 'Clinical Classification of Rare Cardiovascular Diseases and Disorders: 2018 Update' which was developed in collaboration with Professor Ottavio Alfieri, MD (Milan, Italy), Roland Hetzer, MD, PhD (Berlin, Germany), Professor John Cleland, MD (Glasgow and London, United Kingdom), Professor Adrian Baranchuk, MD (Kingston, Canada), and Professor Josep Brugada, MD, PhD (Barcelona, Spain). Among the major changes in the updated version, the 'rare arrhythmias' class was changed to the 'rare arrhythmogenic disorders and arrhythmias' (RADA) class and was moved to class VI. The RADA class was also significantly modified. Moreover, we decided to exclude group 3 ('Thrombus within heart chambers') from the current classification of cardiac tumours and cardiovascular diseases in malignancy, as there are no reports on lone thrombi within heart chambers published in the literature. We encourage our readers to send (by e-mail) or submit to JRCD (as a letter to the editor) any comments and suggestions on the classification system of rare cardiovascular diseases and disorders (RCDD).

In an up-to-date review paper "Genetics and genetic testing in pulmonary arterial hypertension (RCD code: II-1A.1)," Professor Lewicka and co-authors describe recent advancements and the role of genetics, genetic testing, and genetic factors in the development of pulmonary arterial hypertension.

As usual, this issue features several case reports. The first paper, entitled "Coronary fistula to the right atrium – case report (RCD code: I-1C.4)," describes a patient admitted with ST-segment elevation acute coronary syndrome with a large fistula from the circumflex branch of the left coronary artery to the right atrium who underwent successful percutaneous embolisation with three vascular coils.

The second case, from the field of interventional cardiovascular medicine, concerns a 79-year-old woman with critical right internal carotid artery stenosis. In this patient, carotid artery stenting was performed via a right radial artery approach with the use of a novel integrated embolic protection technology – Paladin System\* (Contego Medical).

Moreover, in this issue, Kunecki et al. describe a rare case of a 26-year old man who reported chest pain at rest. Importantly, a standard, initial chest x-ray on inspiration did not reveal any severe pathology, while chest x-ray on expiration revealed a large pneumothorax. This case highlights the need for imaging on expiration in patients suspected for pneumothorax.

The final case report featured in this issue concerns a patient with Fabry disease who developed type 1 myocardial infarction. This case report indicates that rare disease may increase the difficulty of management of relatively frequent pathologies.

We would like to inform our readers, authors, reviewers, and other collaborators, that according to our recent JRCD Editorial Team meeting, several significant changes were introduced. Firstly, JRCD moves from being a free-access to an open-access journal. The open access will concern all papers published in *JRCD* since 2016 (before introduction of this change) and will mean that JRCD papers may be distributed under the publisher's own license, which is in accordance with the Budapest Open Access Initiative (BOAI) definition of open access (for details see JRCD website). Secondly, as multiple authors consider our Journal as a venue for their quality work, we have decided to accept submissions from related fields of cardiovascular medicine. We have also agreed to introduce the new JRCD 'Quality of Life Section', which will be led by Professor Norbert Pikuła and introduce new types of articles: Guidelines / Classifications and Letters to the Editor, which we hope will encourage clinicians and researchers to initiate wider discussion of RCDD in JRCD. Finally, to ensure originality, submitted papers will undergo verification using CrossRef Similarity Check powered by iThenticate.

We hope that readers of this issue of JRCD will find it interesting and informative and that the changes introduced will encourage other scientists and physicians to contribute to the field of rare cardiovascular diseases and their related disorders.