

Journal of Rare Cardiovascular Diseases now included in Directory of Open Access Journals (DOAJ)!

Dear Readers,

I would like to inform you that the *Journal of Rare Cardiovascular Diseases (JRCD)* has been accepted for inclusion in Directory of Open Access Journals (DOAJ).

This database was launched in 2003 at Lund University, Sweden. Currently, DOAJ contains approximately 12 000 open access journals covering all fields of science, medicine, technology, humanities, and social science (<https://doaj.org/about>).

In this issue of *JRCD* you can find a review paper entitled 'Amyloid cardiomyopathy: the different facets of a not so rare disease (RCD code III-3A.1, III-3A.2)'. In this comprehensive review paper, Doctor Chatzis and colleagues from Cyprus discuss the management of cardiac amyloidosis. They describe the diagnostics, which ranges from electrocardiography to diagnostics with the use of radioisotopes and tissue biopsy. Furthermore, they discuss specific treatment modalities, which depend on the type of amyloidosis.

In an original article entitled 'Prevalence and characteristics of patients with solitary coronary artery fistulas in 12 757 all-comer adult patients undergoing coronary angiography (RCD code: I-1C.4)', Jakub Chmiel et al. detected 26 solitary coronary artery fistulas in 22 (0.17%) and 20 coronary artery-ventricular multiple microfistulas in 16 (0.13%) out of 12 757 patients. They identified the left coronary artery as the most common artery of origin and the pulmonary artery as the most frequent drainage site.

Moreover, this issue includes several case reports. The first paper, written by Mianowana et al., entitled 'Early diagnosis is crucial for successful treatment of pulmonary arterial hypertension: 2 cases of late diag-

nosis (RCD code: II-1A.1)' emphasises the importance of establishing an early diagnosis of pulmonary hypertension in populations at increased risk. They discuss the pitfalls which resulted in treatment failure.

The second case report in this issue describes a patient with sinus of Valsalva aneurysm dissecting the interventricular septum with rupture into the right ventricle. The authors highlight the role of echocardiography and cardiac computed tomography in preoperative assessment of the patient.

The next case report concerns the critical value of the balloon occlusion test of a coronary fistula in a patient with pulmonary atresia and intact ventricular septum. The result of this test may have an important role in the management of patients with coronary fistulas. The final case report concerns a patient with tachycardia-induced cardiomyopathy due to dual atrioventricular nodal non-reentrant tachycardia. In this interesting case report, the authors emphasise that this rare arrhythmia, which was included in our recent classification highlighting its important role [1], may be misdiagnosed as atrial fibrillation and lead to unnecessary therapeutic procedures. Finally, we encourage our readers to contribute to the development of the updated clinical classification of rare cardiovascular diseases and disorders. Please read the recent papers on this topic and feel free to share with us any comments or suggestions [1–3].

We hope that our readers will find this issue interesting and that it will update the knowledge of health care providers and scientists related to the field of rare cardiovascular diseases and disorders.

Piotr Podolec
Editor-in-Chief
Journal of Rare Cardiovascular Diseases

References

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3. Podolec P, Kopec G, Rubis P, et al. Clinical classification of rare cardiovascular diseases and disorders: 2018 update. *J Rare Cardiovasc Dis* 2018;3: 233–239.