

Journal of Rare Cardiovascular Diseases: Another exciting quarter in the 'usual' life of the Journal

Dear Friends and Colleagues, Our Dear Readers and Supporters of the Journal,

It is an extreme pleasure to deliver at your hand the 7th issue of the *Journal of Rare Cardiovascular Diseases*.

Our two-year anniversary has not arrived yet, so one might consider this a 'usual' issue. The list of the topics covered, however, shows clearly that our every-day 'usual' continues to be, as you will see, unusual. In contrast to the (mostly) well-explored fields of common cardiovascular disease, in rare cardiovascular disease (RCD) patients nothing is ever 'typical' or 'usual'.

This issue brings, again, an exciting mixture of the advancements in rare cardiovascular disease research and reports on everyday clinical issues that the physician taking care of RCD patients is faced with.

I would like to encourage you to start with reading a brief review on type 2 Long QT Syndrome, under the seemingly strange title: '*Can an alarm clock really kill?*' (yes, it can –you will learn through what particular mechanism and how this can be prevented).

The original paper in this issue provides new data on the different biochemical profile of patients presenting with heart failure of different aetiologies. This work indicates novel potential mechanisms of heart failure worsening, leading to the acute admissions in different patient groups. It will no doubt be of interest to heart failure clinicians and researchers.

This issue of the *Journal* brings also four, very different, RCD patient reports.

Dr Nelya Oryshchyn and colleagues from the Lviv Medical University discuss in detail a rare cause of

the left ventricular outflow tract obstruction caused by accessory mitral valve tissue. Dr Dziedzic-Oleksy and colleagues share with us the diagnostic and decision-making pathway in an unusual patient with aortic stenosis. Dr Karch and colleagues, on the basis of a young asymptomatic professional football player referred to their attention, discuss management of athletes with isolated left ventricular noncompaction. Finally, Dr Drabik and colleagues present views on how to manage a young female patient with significant left-to-right shunt

at the ventricular septal level and severe pulmonary regurgitation in a young woman many years after tetralogy of Fallot surgical correction.

The final item in this issue is a report from the annual Conference of the Polish Society of Cardiology Working Group on Congenital Heart Diseases, with a strong presence of the Krakow RCD Centre.

Let me close this note from Editor by thanking you again for your work with us, not only as Readers but also as contributors to the *Journal*. Please feel free to agree and (equally) disagree with what you read in the *Journal* (NB. we shall soon include a 'Letters to Editor' column). Hardly anything can be more constructive than an exchange of informed views and experiences. Feel free to submit an Original Paper, Review, or a Case Report.

I am pleased to inform you that the *Journal* is on the right path towards receiving recognition with an impact factor.

Piotr Podolec

Editor-in-Chief

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