

“The nature of the body can only be understood as a whole” Hippocrates

Dear Readers,

Joyful, I share with you the good news, that the Journal of Rare Cardiovascular Diseases successfully underwent evaluation by the Index Copernicus International and has been added to the IC Journal Master List 2014 receiving Index Copernicus Value of 68.70 points. This would not come true without the intensive work of reviewers, members of editorial board, editors, publisher, and the authors especially. Positive feedback like this motivates and gives strength for future work, simultaneously making us more concentrated and sedate.

It is astonishing how easy is to overlook serious problems. Especially, nowadays when we demand rapid diagnosis and treatment. Even with the sophisticated armamentarium of diagnostic tests simple things can be missed. In the end, we cannot perform cardiac magnetic resonance, positron emission tomography or genetic tests for every patient. Therefore, universal truths of Hippocrates and other ancient fathers of medicine, perhaps have never been so accurate as in our hectic and “digital” world. Not so long ago, doctors had more time for their patients, they were not surrounded by tons of bureaucratic questionnaires or rigid procedures. Certainly, there was a better environment to fully study the patient’s symptoms and their origin. Moreover, proficiency in physical examination, namely cardiac auscultation and percussion, were superior to what we present today. It is not an exaggeration to say that at those days, the patient was taken as a whole whereas at present he/she may be “sliced” into fragments. Obviously, no one seriously thinks of reversing the time, especially as we possess now modes of treatment that were beyond dreams of our predecessors, but looking at the patient as whole will be an additional benefit.

The 12th issue of the Journal starts once again with the educational and high-quality Review on the combined therapy in pulmonary hypertension. Just few weeks ago during European Society of Cardiology annual Congress in London, we witnessed the publication of the new guidelines on pulmonary hyperten-

sion. Therefore, reading the most important fragments, commented by the Experts, will be of great value for those who are not involved in this topic on the daily basis and on the other hand will be a good preparation for studying the source document for those particularly interested.

Walking this line, the original paper is actually on pulmonary hypertension (PH) and is authored by dr Magda Kaźnica-Wiatr et al. from our Centre. The authors concentrated on vaso-reactivity testing using inhaled nitric oxide (iNO), which is a hot-topic in PH. Although the study population is relatively small, it represents various etiological classes of PH, and therefore it may be considered representative. The investigators examined various doses of iNO and concluded that the dose of 20 ppm (parts per million) is the most effective in terms of hemodynamic response and at the same time the safest. In the Discussion section, the authors explore this observation much further.

As in previous issues of the Journal, there are four clinical cases of rare cardiovascular diseases submitted from three expert centers. All cases are accompanied with informative overview of current literature and high-quality pictures that illustrate complex morphology. In the beginning, there are two cases, authored by prof. Katarzyna Mizia-Stec and colleagues from Silesian Cardiac Centre in Katowice. Firstly, a middle-aged woman with late diagnosis of patent ductus arteriosus (PDA) followed by surgical operation and symptomatic recanalization after 15 years since operation. The diagnosis of PDA in fifth decade is rare in the first place but recanalization of the surgical patch is an unexpected finding. The second case from prof. Katarzyna Mizia-Stec is about rare case of aortic arch aneurysm. Importantly, the incidental chest ray raised the suspicion of the aneurysm and prompted further detailed investigations that ultimately led to surgical intervention. In the Discussion section, the authors present short but solid background on the aortic aneurysms. The third case comes from dr Łukasz Siudak and col-

leagues from Lublin. They present very rare form of PH caused by the congenital abnormality – absence of left pulmonary artery. Although this is inborn defect, overt PH developed in this patient just after 40 years of age. This genuine observation gives a glimpse on the great possibilities of our organisms to adapt to extreme situation. The managing physicians qualified this patient to the combined PH-specific therapy and achieved quite impressive improvement in patient's symptoms. Last case comes from our center, written by dr Aleksandra Lenart and coworkers, and is about coexistence of left ventricular non-compaction cardiomyopathy (LVNC) and multi-vessel coronary artery disease. The topic of

LVNC is passionately discussed and commented in numerous cardiac meetings and also in our Journal in various clinical settings. This time the patient with LVNC underwent complex percutaneous coronary interventions. The strong part of this article is well-written Discussion with in-detail description of LVNC.

The final part of this issue is a report, written by dr Pawel Rubis, from the annual Congress of the European Society of Cardiology in London. Although due to financial constraints, we were not able to organize separate session on rare cardiovascular diseases, participating in various activities we tried to raise awareness of rare diseases.

Piotr Podolec

Editor-in-Chief

Journal of Rare Cardiovascular Diseases