

# Rare diseases and disorders and rare cardiovascular complications

## Dear Readers,

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

In this issue, readers can find a review paper entitled “Superior vena cava syndrome associated with implantable cardiac devices procedures (RCDD code: VI-2A-5)”. In the title of this review, readers will find a new code from the upcoming “Clinical classification of rare cardiac arrhythmogenic and conduction disorders, and rare arrhythmias” which is a part of “Clinical classification of rare cardiovascular diseases and disorders”[1]. The authors, from the Medical University of Warsaw, discuss pathogenesis, aetiology, morbidity, risk factors for superior vena cava syndrome, its diagnostics and treatment.

Researchers from the John Paul II Hospital in Kraków present an original article on carotid body paragangliomas. They selected 7 patients with a carotid body tumour out of 15 664 hospitalizations. The authors describe the clinical variety and management of these rare but generally non-malignant tumours,

Furthermore, this issue features several interesting case reports. The first paper, entitled, “Intravascular large cell lymphoma mimicking central nervous system vasculitis in a patient with rheumatoid arthritis”, emphasizes that malignant lymphoproliferative disorders may be present in patients with rheumatoid arthritis, even when no lymphadenopathy or bone marrow involvement are present. The second case report describes a 37-year-old

male patient with hypertrophic cardiomyopathy who underwent subcutaneous implantable cardioverter defibrillator placement due to a high risk of sudden cardiac death. Moreover, due to the high burden of symptomatic atrial fibrillation (progression to European Heart Rhythm Association class III) in this patient, cryoballoon pulmonary vein isolation was performed. The next case report concerns diagnostic and therapeutic dilemmas in a 38-year-old female with May-Thurner syndrome. The authors have included very informative figures showing left external iliac vein occlusion with well-developed collateral circulation as well as successful venous stent implantation. The final case report featured in this issue concerns a patient with primary hyperaldosteronism presenting as recurrent polymorphic ventricular tachycardia. This excellent case report is supplemented with electrocardiograms, abdominal computed tomography scans, and light microscopy images of adrenocortical adenoma. Moreover, it also includes a detailed summary of reported causes of hypokalaemia leading to ventricular tachycardia. We strongly encourage researchers and clinicians to read these very interesting papers.

We hope that readers of this issue of *JRCD* will find it interesting and informative.

Finally, we would like wish you a happy and successful 2019!

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Editor-in-Chief  
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## References

1. Podolec P, Kopeć G, Rubiś P, Stepniewski J, Podolec J, Komar M, Tomkiewicz-Pająk L, Leśniak-Sobelga A, Kablak-Ziembicka A, Matusik PT. Clinical Classification of Rare Cardiovascular Diseases and Disorders: 2018 Update. *J Rare Cardiovasc Dis.* 2018; 3(7): 233-239.