

The potential role of the immune system and its modulation in rare diseases

Dear Readers,

In this issue of *Journal of Rare Cardiovascular Diseases (JRCD)* you can find a review paper entitled 'Current views on the use of interferons in the treatment of polycythaemia vera (RCD code: VIII)'. In this interesting review paper, the authors discuss the efficacy and adverse effects of recombinant interferons which are used in the treatment of polycythaemia vera.

In an original article featured in this issue entitled 'Prognostic value of inflammatory markers in acute coronary syndrome in a population with premature cardiovascular disease (RCD code: VIII)', the potential of inflammatory markers in the management of acute coronary syndromes in patients with premature cardiovascular disease is described. This study is a valuable contribution to the body of evidence in the field of immune mechanisms in cardiovascular diseases.

Furthermore, this issue includes several interesting case reports. The first paper, entitled 'Foetal 2:1 atrioventricular block in a patient with Timothy syndrome (LQT8)' emphasises that long QT syndrome may be associated with not only cardiovascular, but also extra-cardiac manifestations. This case report from Malaysia describes a baby boy with 2:1 atrioventricular block, a QTc of 690ms, and tetralogy of Fallot. The patient was reported to have a round face, broad nasal tip, sloping

forehead, prominent columella, and cutaneous syndactyly. The second case report describes a 51-year-old patient with end-stage renal disease on chronic haemodialysis and features of active exudative-constrictive pericarditis. The patient was successfully treated with intensification of haemodialysis and anti-inflammatory therapy (ibuprofen and colchicine). The next case report concerns a patient with Wunderlich's syndrome. In this patient, the bleeding could have been the result of several factors, including anticoagulation therapy, post-radiation vasculopathy, and chronic heart failure. The final case report featured in this issue, entitled 'Partial recovery of left ventricular function in dilated cardiomyopathy as a result of tuberculosis treatment', describes a patient with dilated cardiomyopathy and concomitant pulmonary tuberculosis whose left ventricular ejection fraction improved after antimicrobial treatment (but not after more than 3 months of optimal heart failure therapy). This very educational case report highlights the necessity for complex management in heart failure patients.

We hope that this issue will be of interest to all JRCD readers.

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Editor-in-Chief

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