Dear Readers,

This June, here in Krakow we witness two important anniversaries. First, our hospital, now called after Pope John Paul II, is already 100 years old. Secondly, 20 years have already passed since the visit on the hospital grounds of our great patron – Pope John Paul II, still remembered in Krakow as Cardinal Karol Wojtyla. This was beautiful sunny and hot day in June 1997 when His Holiness blessed the hospital and said simple but remarkable words – “Let serve!” Nothing more to add as this is exactly what it is all about. In the days when words do not mean much, it is of utmost importance to realize why and for whom we work. Despite numerous and absurd externally imposed regulations, despite growing financial debts of hospitals and outpatients clinics, despite all the “smart” people who constantly talk rather than do things, despite and despite … we can go on forever. Let’s be clear if we lose this compass, no matter how skilled and educated we are, this will be the beginning of our decline. We are lucky here in Krakow as this famous quote is engraved in the hospital’ lobby but in fact it should be engraved in everybody’s mind.

The second issue of the Journal in 2017 can surly be called “Rare arrhythmias issue” as it starts with an excellent Review on Brugada syndrome. Next, there is the Original paper on electrocardiographic changes in sarcoidosis that comes from our center. Traditionally, there are four exceptional reports on the diagnosis and management of rare cardiovascular diseases, including two cases on rare arrhythmias. Finally, there is the report from the annual meeting of the American College of Cardiology.

The Review article on Brugada syndrome is an interesting synthesis of the most important facts on this disease. It provides the reader with the up-to-date electrocardiographic criteria, a glimpse into epidemiology and genetics. The authors elaborate on the pathology, including novel concepts and mechanisms. Cases of Brugada syndrome have been already described in this Journal, thus, this Review is a logic continuation of the process dated few years back. There are numerous myths concerning this disease, especially among those who very rarely see patients diagnosed with this condition. This Review provides an excellent opportunity to structure our knowledge, to be more aware when we should actively search for it and on the other hand, be more practical and do not look for it when for sure it is not there.

As has been already mentioned, the original research is on the topic of electrocardiographic abnormalities in patients with pulmonary sarcoidosis. Close collaboration with pulmonologists in our hospital was the key to include relatively large group of patients with sarcoidosis. As the pathology of sarcoidosis is still not completely understood, accompanying cardiac involvement remains even more elusive. But it is a fact in some patients and this additional problem should be taken into account when dealing with patients with sarcoidosis. The authors analyzed ECG patterns that are most frequent in this condition. The discussion is interesting and provides basic facts on this disease that are not always remembered by cardiologists.

Doctor Oksana Barabash and colleagues describe the rare case of coronary sinus atrial septal defect that was diagnosed in adult. Although this is least common form of the ASD, as the authors pointed out it should be taken into account in the diagnostic pathway. The diagnosis is not easy and requires high expertise and skills in imaging. The middle two cases are on rare arrhythmias. The first one is on potentially life-threatening ventricular arrhythmia in a patient with Steinert disease. This condition belongs to a large and heterogeneous group of myotonic dystrophies that are rarely associated with cardiac problems by most cardiologists. In
fact, patients suffering from dystrophies are frequently diagnosed with arrhythmias and conduction problems. And now a little more practice than theory, as the third case is on the patient with Brugada syndrome. Interestingly, the typical ECG changes manifested during exercise test. Well-documented ECG pictures and discussion are strong points of this report. The last case is on isolated right ventricular endomyocardial fibrosis in a young male. The authors performed diagnostic pathway to find that the reason for it was chronic myeloid leukemia. Again, this is just repetition how vigilant and open-minded we have to be.

Finally, there is a report, written by doctor Pawel Rubis, who actively participated in the American College of Cardiology’s 66th Annual Scientific Session in Washington, DC, USA. As always, ACC meetings are one of the most prestigious cardiology gatherings, when the most recent and ground-breaking trials are presented and commented by the leading experts.

The scientific content of the this issue seems to be interesting and probably useful in daily clinical practice. As the summer time is fast approaching, this could be a good read during long-awaited relax under the palm tree (hopefully!).

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