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From the Editor

From the Editor-in-Chief

The debate between interventional cardiologists and cardiac surgeons about the relative merits of the treatment each can offer for congenital heart anomalies is a familiar one to many of us. In this edition of the journal we see this debate played out again in the paper by Wong et al.[1] and the editorial by Ebels et al.[2] I leave readers to judge the evidence and arguments of the two sets of protagonists for themselves. If you have views you want to share and would like to join the debate, we would like to hear from you. For me the key message that comes from this debate, as so many others in the field, is summed up by the observation of Wong et al. that "There have only been two small prospective randomized controlled trials comparing surgical repair and balloon angioplasty for native aortic coarctation." Coarctation is one of the most common congenital abnormalities of the heart and great vessels, and yet we still have not gathered the basic evidence that would allow us to determine the best treatment. Debate is no substitute for evidence. We owe it to our patients to ensure that our recommendations for treatment are based on the best possible evidence. I have before in this column highlighted the paucity of evidence for most of our therapeutic strategies.[3] Some conditions we treat are rare and variable in their clinical manifestation and randomised controlled trials would not be easy to conduct, but this cannot be true for common conditions such as coarctation. Until such trials are undertaken we will have to judge our therapeutic approach on inconclusive evidence and interventionists and surgeons will continue their debate.

Another concern about our evaluation of the success of treatment for congenital heart anomalies is that we too often focus on simple end-points such as hospital or 30 day mortality. The long-term results are much more complex and need to be rigorously assessed. In this edition, Bellinger reviews the evidence that social cognition deficits are more common in children with transposition.[4] Only long-term and scrupulously conducted clinical trials will be able to determine the optimum treatment for congenital cardiac anomalies if we are to influence the incidence of such neurodevelopmental deficits. For the majority of our patients survival is no longer the issue, and yet our understanding of the effects of their heart anomaly or the treatment of it on their lives is still very limited.

This edition of Cardiology in the Young is notable for other reasons. The journal has now transferred to an exclusively web-based manuscript submission process. We have introduced this to make sure we provide for authors the most efficient service possible. If you plan to submit a manuscript you should now do so at http://mc.manuscriptcentral.com/cty. The journal continues to be sent many excellent manuscripts and we cannot promise to publish everything we receive, but we promise you a transparent and efficient assessment process and, as this edition demonstrates, we will not shrink from publishing controversial points of view, provided they are well argued and supported by sound evidence.

High quality original studies are the lifeblood of our journal, but we also seek authoritative reviews and editorials. If you have a view that you do not believe has been sufficiently aired, we would welcome hearing from you. Brief reports are also welcome, but only if they are truly remarkable and they will face a high assessment hurdle. Space does not allow us to publish cases simply as a matter of record. Congenital heart anomalies are infinitely variable and a description of a single case that just happens to be different from what has been reported before does not meet our criterion for publishing. If authors have interesting or unusual images they may well want to submit them as such, rather than as an extended case report.

A scientific journal exists for its authors and its readers. We welcome feedback from both. Contact us direct, or if you see our stall at this year's meetings do stop by.

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