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From the executive editor

News and comment

In this issue, we continue in our attempts to focus a part of each issue on topics of immediate interest. Of the congenital lesions which confront those dealing with cardiology in the young and, in particular, in the neonate, none is more of a challenge than pulmonary atresia in the setting of an intact ventricular septum. As Freedom asked in a recent editorial, referring to the right ventricle which is the seat of most of the problems in this lesion, "How can something so small cause so much grief?"[1] Spearheaded by a group of articles coming from the Royal Brompton National Heart and Lung Hospitals in London and gathered together by Andrew Redington, who provides also our own editorial comment, we have tried to shed more light on this conundrum. We had previously concentrated on this topic in the first World Congress of Pediatric Cardiac Surgery held in Bergamo in June 1988, and subsequently published by the Futura Company of Mount Kisco, New York.[2-9] Subsequent to that, we have published further contributions in ***Cardiology in the Young***, emphasizing that the essence of the abnormal anatomy is increasing obliteration of the three developmental components of the right ventricle,[10] and that problems in diastolic ventricular function may underscore the physiological disturbance.[11] Our contributions in this issue extend these considerations. It may well be that, as argued in the previous anatomic description,[10] the key difference in morphology is presence of an imperforate valvar membrane as opposed to muscular obliteration of the subpulmonary infundibulum. Certainly it is presence of the well-formed infundibulum which sets the scene for the excellent surgical results reported in this issue by Vosa and his colleagues.[12] It is certainly presence of an imperforate valvar membrane which is a prerequisite for the interventional technique pioneered by Qureshi and his colleagues at Guy's Hospital,[13] and discussed further in this issue by Redington and his co-workers,[14] and for the approach adopted by Leung and his associates from Hong Kong.[15] Have we turned the corner in treatment of this condition? Only time will tell. At present, as Redington and Cullen conclude in their editorial, the lesion remains a challenge to cardiologist and surgeon alike.[16]

Robert H. Anderson

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