Cardiology in the Young

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Uncertainty related to evidence

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Letter to the Editor

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To the Editor,

I enjoyed reading the stimulating lead article in the November issue of the Journal by McMahon and his collaborators.[1] It is difficult to quibble with their recommendations. On reading a subsequent brief report in the same issue,[2] however, one was left wondering whether both trainees and their trainers might also need to place emphasis on the credibility of their evidence base, and the value of innate intelligence. My concern in this regard was raised by the suggestion that obvious communications between the ventricular apical components could justifiably be described as "left ventricular-infundibular defects".[2] It is now acknowledged that the infundibulum of the right ventricle is a free-standing myocardial sleeve which lifts away the leaflets of the pulmonary valve from the ventricular base. It is the presence of the infundibular sleeve which makes possible the Ross procedure.[3] As such, the infundibulum does not possess a "ventricular apex", The notion of presence of two apical extensions within the right ventricle is based on a spurious account of ventricular septal development, which has no foundation in scientific evidence.[4] It is noteworthy that the authors of the brief report offer no substantive evidence to support their inferences. An accurate account is now available describing normal human cardiac development.[5] Should we not now expect authors to provide evidence to support their underlying concepts before submitting manuscripts to journals such as Cardiology in the Young? And should we not equally expect their referees to be aware of inaccurate accounts of cardiac development?

Yours faithfully
Robert H. Anderson

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Conflicts of interest. None.

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