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Journal of Cardiology Cases

journal homepage: www.elsevier.com/locate/jccase



Editorial

Why case reports at this special moment?



This issue of *IC Cases* marks a special event in the life of the Journal because I have taken over as Editor-in-Chief from Dr Hiroshi Ito at Okayama University. *IC Cases* is a peer-reviewed online journal dedicated to predominantly publishing case report articles in the cardiovascular field. JC Cases was born in February 2010 as a daughter of the official journal of the Japan College of Cardiology (Journal of Cardiology, JC) when Dr Chuwa Tei served as the third Editor-in-Chief of JC. JC Cases was expanded during the past 2-3 years when Dr Ito served as the second Editor-in-Chief of *IC Cases*. The number of submitted manuscripts has increased and more than doubled in 2013 compared with 2010. Manuscripts are now sent not only from Japan, but also from most countries around the world. The journal was initially published on a bi-monthly basis, but is now published on a monthly basis since 2012. Thus, there is no doubt that this journal has been strongly supported by many cardiologists, cardiac surgeons, and other people working in the cardiovascular field.

One might wonder whether there are still rare cardiovascular diseases or pathological states that are worth publishing. It is certainly an important mission of this journal to publish such reports of rare cases, but I believe it is just a small part of our mission. Currently we have to pay attention to results of mega trials or the evidence in the decision-making particularly of therapeutic strategies in individual patients. However, there is no rule without exception, and there are considerable numbers of patients who showed results discordant with the evidence; thus, it is important to know and to gain insight into the exceptional, but common cases. For instance, chronic beta-blockade is an established therapeutic strategy in patients with chronic heart failure, but does not necessarily improve ventricular function in

the patients. If there is a patient in whom beta-blockade did not work with some evidence accounting for why it did not work in this particular patient, many cardiologists would be interested in a report of this.

Alternatively, there are many new imaging and laboratory technologies emerging for the advancement of diagnosis and treatment of cardiovascular diseases, and it is also intriguing to know the value and limitations of the new technologies even on a case-by-case basis in the initial stage. In addition, new technologies may provide a clue to gain insight into the improved understanding of the pathophysiology of disease. Such a report may also draw the attention of many readers. Thus, case reports are still necessary even in the era of mass data or evidence-based medicine.

We need a great deal of help from all of you, readers and editorial board members, and look forward to sharing the journal with you all. We sincerely encourage all of you to submit case report articles excelling in originality to the *JC Cases*.

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