

From the editor

Rheumatic fever

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In previous issues of *Cardiology in the Young*, we have focused attention on important congenital malformations such as complete transposition (Volume 1, Number 1), atrioventricular septal defect (Volume 1, Number 4), and we have emphasized the burgeoning importance of the acquired lesions seen in Kawasaki's disease (Volume 1, Number 3). All of these topics, important as they may be, pale into insignificance when set against the impact worldwide of acute rheumatic fever and its subsequent chronic effect upon the heart. We are delighted, therefore, to be able to devote the greater part of this issue to the overall topic of rheumatic heart disease. As befits the coverage of this issue, most of our authors, all internationally established and acclaimed, come from what are often termed "developing" countries. As many of them explain, nonetheless, the recent upsurge in the incidence of rheumatic fever in the United States of America demonstrates that even those practicing in developed countries need to be aware of the problem and to know how to provide

adequate prophylaxis. In this issue, therefore, we have tried to cover all the major aspects of the disease, concentrating upon its manifestations in childhood but not ignoring the crucial consequences of chronic disease. Thus, we have reviews devoted to pathology, epidemiology, diagnosis, and both medical and surgical treatment. Many of these come from Brazil, and we could not have attracted these contributions without the help of our South American Editor, Fernando Lucchese. We thank him for all his efforts in coordinating this issue. We are also indebted to Ed Kaplan of the University of Minnesota, who not only advised us on the suitability of the various manuscripts, but wrote the thought-provoking editorial which opens the issue. We thank all our contributors, and we hope the issue proves of value.

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