

Learning from Cases: Advantages and Challenges



L. Leonardo Rodriguez, MD, FACC, FASE, (Editor-in-Chief), and
Karen G. Zimmerman, BS, ACS, RDCS, RVT, FASE, (Editor-in-Chief)

A veteran echocardiographer recently told me that he was relying more on cases to quickly learn about specific pathologies. This comment was based on the fact that case presentations provide concise reviews of subjects based on clinical presentations. In our journal, patient symptoms and physical findings are complemented with high-quality, noninvasive investigations. The discussion often includes incidence, diagnostic criteria, and prognosis, providing in a nutshell a general overview.

Cases, however, have intrinsic limitations.

They are limited in the number of words imposed by journal requirements, forcing the authors to choose and compress the amount of information provided.

They may be so unique or unusual that is difficult to place within the context of general practice. However, they are always useful in widening our differential diagnosis and helping us to understand how sometimes a common presentation has an unusual cause.

Finally, many cases are incomplete. You see in the pages of CASE many patients who did not undergo the final confirmatory test of exploration, which is often surgical. The causes for this are mainly

patients who are lost to follow up, too high-risk for surgery, or lack an autopsy.

In this issue of CASE, we have an interesting mix. Schwartz *et al.* and Nakagawa-Kamiya *et al.* present two cases of tumor of obstruction of the mitral valve. Voleti *et al.* and Hoda *et al.* show two excellent pediatric cases demonstrating the prowess of sonographers in this population. Ahmed *et al.* present a rare etiology of recurrent pericarditis. Zhang *et al.* describe the multidisciplinary management of ductus arteriosus presenting late during pregnancy.

Using a 50% dextrose may be better than agitated saline for diagnosis of PFO, as proposed by Fuller *et al.* This patient was lost to follow up, and TEE could not be performed. The case from Sadic *et al.* is of an unusual LVOT calcinosis with aortic regurgitation. If there were thrombus associated with the calcium, then it could not be confirmed due to high surgical risk.

We also have a veterinary case by Ware *et al.* titled, "Biventricular Pulsus Alternans in a Dog with Pulmonic Stenosis and Sepsis."

These are all interesting cases with important learning points highlighting the CASE format as an excellent teaching tool.

<https://doi.org/10.1016/j.case.2021.02.003>