


cambridge.org/ctyRobert H. Anderson 

Biosciences Division, Newcastle University, Newcastle-upon-Tyne, UK

Letter to the Editor

Cite this article: Anderson RH (2023) Uncertainty related to evidence. *Cardiology in the Young* 33: 168. doi: [10.1017/S104795112200378X](https://doi.org/10.1017/S104795112200378X)

Received: 15 November 2022
Accepted: 16 November 2022
First published online: 14 December 2022

Keywords:

Decision-making; deficient ventricular septation; embryology

Author for correspondence:

Professor RH Anderson, 60 Earlsfield Road, London SW18 3DN, UK. Tel: 00 44 20 8870 4368. E-mail: sejran@ucl.ac.uk

Please note that, although Professor Anderson is affiliated with Newcastle University, he works from his home address in London.

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

Financial support. This research received no specific grant from any funding agency, commercial or not-for-profit sectors.

Conflicts of interest. None.

References

1. McMahon C, Sendžikaitė S, Jegatheeswaran A, et al. Managing uncertainty in decision-making of common congenital cardiac defects. *Cardiol Young* 2022; 32: 1705–1717. DOI [10.1017/S1047951122003316](https://doi.org/10.1017/S1047951122003316).
2. Kakarla S, Sasikumar D, Kurup H. Left ventricular-infundibular apical septal defect: a rare entity revisited. *Cardiol Young* 2022; 32: 1854–1856. DOI [10.1017/S1047951122000695](https://doi.org/10.1017/S1047951122000695).
3. Merrick AF, Yacoub MH, Ho SY, Anderson RH. Anatomy of the muscular subpulmonary infundibulum with regard to the Ross procedure. *Ann Thorac Surg* 2000; 69: 556–561.
4. Van Praagh R, Geva T, Kreutzer J. Ventricular septal defects: how shall we describe, name and classify them? *J Am Coll Cardiol* 1989; 14: 1298–1299.
5. Hikspoors JP, Kruepunga N, Mommen G, Köhler SE, Anderson RH, Lamers WH. A pictorial account of the human embryonic heart between 3.5 and 8 weeks of development. *Commun Biol* 2022; 5: 1–22.