Letter to the Editor

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Nomenclature Problems in Modern Cardiology

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Dear Sir,

I thoroughly enjoyed reading the two parts of Constant's [1,2] article on solving nomenclature problems in cardiology, but would like to make a few comments.

First, under 'Complete right or left bundle branch block' in his part I, if Constant accepted the term 'incomplete bundle branch block' as appropriate, then complete, in contrast to incomplete, bundle branch block should be appropriate too. Second, if Constant preferred 'inferior' infarction to 'diaphragmatic' infarction, should not then there be also a 'superior' infarction? Third, although the abbreviation PDA generally denotes a patent or persistent (the term Constant preferred in his part II) ductus arterio-sus, it has also been frequently used by coronary arteriographers to denote the posterior descending artery or branch of the right coronary artery. In order to avoid confusion, its abbreviation should be PDB. Fourth, under 'pulmonary area', the last sentence should read 'therefore, the preferred term for pulmonary area is the second left interspace', instead of 'Therefore, the preferred term for second left interspace is the second left interspace'. Fifth, under 'Aortic valvular midsystolic murmur versus ejection murmur', there was a typographical error on line 10: Si instead of S₂. In another word, '... the second component of an audibly split Si, not S₂, is usually an aortic opening component...'. Finally, reference 5 should read '... (the floppy valve syndrome)...' instead of... (the floppy value syndrome)...'.

References

Constant J: Solving nomenclature problems in cardiology. I. Updating terminology in electrocardiography. Cardiology 1995;86:357-360. Constant J: Solving nomenclature problems in cardiology. II. Updating terminology in clinical cardiology. Cardiology 1995;86:361-364.

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