

Book Review

Fetal cardiology comes of age

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Introduction

Paediatric cardiology itself, as a specialty, has a very young history. It is salutary to consider that, for some of us, the huge advances made in the surgical treatment of congenitally malformed hearts have occurred within the timespan of our own careers. Things have also changed markedly in the way that items are reported. It has always been difficult to achieve publication of topics related to paediatric cardiology in the highly ranked journals which concentrate on adult cardiology. It is even more difficult to publish brief reports, even in specialist journals such as “*Cardiology in the Young*”. The book review, however, which used to be a staple part of many journals, now seems to have disappeared without trace. In a way that also reflects the downgrading of material or chapters published in books, rather than peer-reviewed journals. This is also a great pity, since there is still much to be learned from books, and in similar fashion, there is reason to bring good new volumes to the attention of a potentially wider readership. In this brief report, therefore, I am drawing attention not to a specimen exhibiting esoteric malformations, but rather an excellent book, which has just arrived on my desk.

Fetal Cardiology Simplified

I began my comments by pointing to the brief existence of paediatric cardiology as a specialty. The time has now been reached, however, when the mother has spawned several sub-specialties. One of these, fetal cardiology, is remarkably young. I still remember the occasion when Lindsey Allan, a young fellow interested

in both obstetrics and paediatric cardiology, came down to London from Glasgow, suggesting that the relatively new technique of echocardiography may have value as a screening tool for mothers suspected of carrying fetuses with congenitally malformed hearts. Most of the consultants that she approached in London were sceptical of her chances of success, but Michael Tynan was prepared to give her a chance, and arranged a position for her at Guy’s Hospital. She set about her task in sensible fashion, and she and I visited Liverpool, working with Jim Wilkinson prior to his departure for Australia, to make sections of normal fetuses that could guide her in her quest to identify the parts of the normal and abnormal fetal heart.¹ Our initial study was published in 1980, and coincided with similar attempts to assess the validity of fetal sonography in North America, spearheaded by the much lamented Charlie Kleinman, working with Hobbins at Yale, and David Sahn. The advances made since then in diagnosing congenital cardiac malformations during fetal life have been truly spectacular. Lindsey herself became a Professor of Fetal Cardiology at Guy’s Hospital before moving to Columbia Hospital in New York, and subsequently returning to King’s College Hospital in London. During her initial period of development at Guy’s Hospital, Lindsey was joined by Gurleen Sharland. It is Gurleen who has now produced the most amazing practical manual devoted to fetal cardiology.²

As I worked my way through the pages of this relatively brief tome, which has just under 400 pages, I marvelled at the quality of the illustrative material. It is again salutary to compare the quality of the images that can now be obtained of the fetal heart with those produced in the initial stages of development of the sub-specialty. It is no exaggeration to state that, nowadays, many of the images obtained of

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the fetal heart are better than those obtained in postnatal life. For one thing, the air contained in the lungs in postnatal life does not produce problems in imaging during fetal examinations. The manual is truly a practical guide. There can be no question but that it will prove of great value to all those beginning in this field. Those with experience will also gain by studying its content. I assessed the contents more in the way they accounted for the manifold congenital malformations that might be found in the heart. Gurleen has drawn on the huge experience collated by those working in the unit that began at Guy's Hospital, and is now based in the Evelina Children's Hospital in London. The breadth and wealth of material assessed so as to produce the manual is testimony to the fact that some topics are better addressed in the format of books than in peer-reviewed articles. It would need several journals to compress the information contained in the pages of the manual. The illustrations are of superior quality throughout the book. In short, this is a book that should be in the library, and part of the day-by-day reading, of every practitioner now involved in the diagnosis of congenital or acquired cardiac malformations

during fetal life. All pertinent aspects are considered, including problems of cardiac rhythm, and the approach to counselling subsequent to the discovery of a malformation. The concluding chapter, on "what could the findings mean", is particularly valuable, and serves as an admirable summary of the experience gained in the London unit.

The book is also exemplary in terms of the way it has been published. I had not been aware of tfm publishing before reading this particular volume. I have now learned that the publishing house is dedicated to providing a personal service to their authors. In the current era of monster publishing houses, this is a throw-back to the "good old days". One hopes that they will continue to flourish. It will help if everyone reading this review buys a copy of the book. They will not be disappointed!

References

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