The world of pulmonary vascular disease

The world of pulmonary vascular disease (PVD) is lopsided in this sense: those nations that have the highest numbers of PVD researchers have the lowest number of PVD patients.

We ran a PubMed search for PVD researchers and found that, of all the authors of published articles on PVD, 90.3% were from the United States, Canada, the United Kingdom, France, Germany and Japan, while those from all the rest of the world totaled only 9.7% (Fig. 1). Meanwhile, schistosomiasis is very rare in North America, but is the most common cause of pulmonary hypertension worldwide.^[1] In addition, the burden of HIV-related pulmonary hypertension is likely to be far greater in Africa.^[2]

The world's 193 nations protect their borders, and the movement of people between nations is carefully controlled. But diseases ignore borders and nationalities, and "view" the world in their own terms. Idiopathic pulmonary hypertension (IPAH), for example, ignores nationality and focuses on gender, predominantly affecting young women. Happily, knowledge is just like disease in that sense, that it ignores national boundaries, makes a graveyard of ignorance, and improves public health.

Perhaps the most basic lesson from the whole history of Medicine is that diseases thrive in a "climate" of ignorance, and are defeated by knowledge. Yellow fever decimated the world until Cuban doctor Carlos Finlay proposed, in 1881, that its vector was the female of the mosquito species *Aedes aegypti*, which American doctor Walter Reed confirmed in 1900. Likewise, pulmonary vascular disease

is flourishing today in some parts of the world (and indeed in some parts of the so-called "developed" world) in part because of the ignorance that still surrounds it. But, again happily, that ignorance is being reduced by what can be called "the Voice of the World of PVD."

This journal, *Pulmonary Circulation*, was the first-ever peer-reviewed journal dedicated to PVD, and at present it remains the only journal devoted to the field of pulmonary circulation publishing original research articles, review articles, case reports and perspectives in PVD. But we are only part of "the Voice," which is also being expressed around the world in various ways, notably at the annual meetings of professional associations. For example, just in 2011 so far, there have been PVD conferences in Panama and in Dubai, as well as two in China and two in India, all hosted by the Pulmonary Vascular Research Institute, the PVRI, publisher of *Pulmonary Circulation*—over and above important meetings that have been held throughout North America and Europe.^[3] Meanwhile, educational efforts for the general public are also a critical part of the Voice of PVD, notably those being undertaken by the Pulmonary Hypertension Association, whose former board member, Gail Boyer Hayes, recently wrote, "If a village is required to raise a child, surely the whole world is needed to cure PH."^[4]

Pulmonary Circulation is therefore not merely a repository of research findings. In sharing important knowledge among the world's physicians, physician scientists, investigators, and even patients—both in print and online—this journal is slowly but surely helping to reduce the ignorance that PVD needs in order to keep killing people.

Global distribution of researchers studying pulmonary vascular disease

Figure 1: The global distribution of researchers studying pulmonary vascular disease. (a) Intensity map depicting the number of researchers in different countries represented by relative color intensity. (b) The number of papers published on pulmonary vascular disease each year since 1990. (c) The regional distribution of researchers. The data were compiled from a PubMed-wide search by Abigail Drennan and Amy Zeifman in the University of Illinois at Chicago.

As its editors, we keep “the big picture” firmly in mind. The goal is not merely to produce a medical periodical. The goal is to empower our profession by facilitating the information exchange that will lead to new therapies, new strategies, and ultimately even cures. Our goal is not merely a world-class publication, but nothing less than a world without PVD.

When vascular and cardiopulmonary diseases no longer exist, this journal will have achieved its purpose. Until that day, we welcome the addition of *your* voice to ours, through your submission of manuscripts describing your best work, which will then help the work of others throughout the lopsided World of PVD.

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2. Barnett CF, Hsue PY, Machado RF. Pulmonary hypertension: An increasingly recognized complication of hereditary hemolytic anemias and HIV infection. J Am Med Assn 2008;299:324-31.
3. The 2011 conferences hosted by the PVRI: an international meeting in Panama (3-5 February); the 4th Annual Joint Pulmonary Hypertension Conference in Dubai (19-22 April); 2 international meetings in China (28-30 July in Shenyang and 13-14 August in Beijing); and 2 in India (21-23 September in Leh, and 1-2 October in Trivandrum). For details of these 6 conferences, visit www.pvri.info. Other important meetings were held in San Francisco, California (Neonatal and Childhood Pulmonary Vascular Diseases, 11-12 March); in Virginia (the 2011 PH Professional Network Symposium, 22-24 September); and in Colorado (the Grover Conference, 7-11 September), in addition to many other side meetings at the annual conferences of the American College of Cardiology, the American Thoracic Society, the European Society of Cardiology, and the European Respiratory Society.
4. Gail Boyer Hayes. Pulmonary Hypertension: A Patient's Survival Guide. US Pulmonary Hypertension Association; 2004.

Access this article online

Quick Response Code: **Website:** www.pulmonarycirculation.org
DOI: 10.4103/2045-8932.87291

How to cite this article: Yuan JX, Morrell NW, Harikrishnan S, Butrous G. The world of pulmonary vascular disease. *Pulm Circ* 2011;1:303-4.