Case presentation commentary on “Rosai-Dorfman disease and left ventricular noncompaction cardiomyopathy: A heart failure conundrum.”

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In this issue of the Journal of Nuclear Cardiology, Laubham et al. present a case of a 19-year-old man who presented with acute hemodynamic decompensation in cardiogenic shock.* Those authors trace the evaluation and management of a patient where the concept of a single diagnosis covering all of the clinical and physiologic findings is not clear. As noted in the report, we see the tug-of-war between the concepts of Occam's razor and Hickam's dictum.

In 1998 in the Seminars in Roentgenology, Wallace Miller explained his view of Occam's razor in a slightly different way, saying “things should not be multiplied unless necessary.”** We currently live in a medically diagnostic period of tremendous advances in disease process understanding with imaging leading the way. As

an example, this patient is given a diagnosis of left ventricular noncompaction, which even 20 years ago would rarely be considered. Yet in today's practice of medicine, left ventricular noncompaction has been more clearly defined, and is therefore more commonly diagnosed. How do we measure the interplay between possible increased prevalence of a particular disease versus our increased ability to diagnose it? It is a constant balancing act.

As medicine continues to advance, this case like many other clinical reports might march down the road from the suspected Hickam's dictum to again supporting Occam's razor. Imaging advances will play an integral role in this pendulum move.

Disclosure

Nothing to disclose.

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* Laubham, et al. (Clinical case corner report from this issue)

** Miller WT. Occam versus Hickam. Semin Roentgenol 1998;33:213–213