



Momentum

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The Portuguese word *momento* can be translated in a number of ways. It is first and foremost translated as "moment", which has an eminently temporal connotation, indicating a definite or indeterminate period of time, a secondary meaning (in Portuguese only) being that of a specific circumstance. However, it can also be translated as "momentum", as the term is used in the field of physics, indicating the force imposed on a rotational system, generating an impulse or change.

In the field of medicine, we can recognize the same uses of the terms "moment" (often expressed as "at the time of") and "momentum". The development of new diagnostic tools and therapeutic interventions significantly change the landscape of the recognition of and even advancement in the knowledge related to various clinical situations.

The development of new techniques of computed tomography angiography of the chest has significantly increased its capacity to identify acute pulmonary thromboembolism; according to some authors, the method has become overly sensitive.⁽¹⁾ Although no causal relationships can be established, new approaches and therapeutic strategies have since been developed.⁽²⁾

In the area of vascular diseases, the development of specific medications for the treatment of pulmonary arterial hypertension has had an undeniable impact on the development of knowledge related to that particular clinical situation, not only for its identification, in Brazil and elsewhere, but also for establishing treatment strategies and quantifying risks.⁽³⁻⁶⁾ The example of pulmonary arterial hypertension illustrates the fact that this is not an issue related to disease prevalence, because it determines only the "moment" at which the change occurs.

Another example is that of interstitial lung disease. Undoubtedly, the advent of HRCT allowed the identification of distinct radiological patterns,^(7,8) which, together with clinical and pathological analyses, resulted in the current system of classification. More recently, the development of therapeutic alternatives has brought about a new "moment" of growth,⁽⁹⁾ moving us toward another point of change, in which the interpretation of imaging exams is no longer merely visual and tends to have a highly significant mathematical aspect in the aggregate.⁽¹⁰⁾ It is still difficult to know what impact this will have on day-to-day clinical practice and patient management, given the existing therapeutic limitations, although it is not difficult to imagine that, with the development of new drugs, a more precise diagnostic analysis will allow individualized medicine to be used in the approach to

patients with interstitial lung disease. The current issue of the JBP presents a pictorial essay that discusses, in a quite didactic manner, all of the certainties and inconsistencies that involve the diagnosis of usual interstitial pneumonia, the most prevalent form of idiopathic interstitial lung disease.⁽¹¹⁾

There have long been examples of clinical situations that do not involve a change in "momentum", either because no new therapeutic or diagnostic approaches have been developed or because there is a lack of studies, even epidemiological studies, in the area. Analyzing the JBP, one can clearly see the growing role that tuberculosis plays in Brazil and around the world. In contrast, it has been quite some time since we published any studies related to pleural diseases. In this issue, we publish a quite interesting study evaluating the best "moment" at which to perform thoracoscopy in the approach to parapneumonic effusion in pediatric patients.⁽¹²⁾ In addition to the obvious scientific aspect of the information generated by the study, one can understand that there are opportunities for future studies in the area. So what explains the fact that pleural diseases are so poorly represented in our scientific context? Of course, the development of diagnostic tools and new medications brings financial investments, which certainly further promotes the associated lines of research. However, if this were the only factor, would not that be a perverse inversion of the role of research centers and universities? Or could it be a demonstration that the role of independent funding agencies needs to be rethought? Might it not even be an indication of the need to organize interinstitutional research groups, especially in areas that are poorly represented, regardless of any epidemiological aspects of the clinical situation studied? Here, we should reflect upon not only the researchers but also the entities of scientific dissemination, especially those that are affiliated with scientific societies, as is the JBP, in order to directly stimulate research in areas with less visibility. A direct demonstration of interest by the scientific journals might be needed in order to change this situation. Such a demonstration, however, is not without risk, because it can have a direct impact on bibliometric indicators; the lower the overall number of studies in a given area is, the lower is the potential for the citation of such studies. This underscores the importance of this discussion, which is especially important among medical societies.

In view of the considerations discussed above, the JBP is, at the current "moment", stronger than ever. Dr. Bruno Baldi, associate professor of pulmonology at the University of São Paulo School of Medicine, has now been elected deputy editor. He will perform that

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function until the end of 2018, when he will assume the role of editor-in-chief. Undoubtedly, this is quite a significant gain for the JBP and, particularly, for its

current management. I would like take advantage of this moment of reflection to wish Bruno an excellent journey forward with our journal.

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