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Coronary sinus reducer for the treatment of refractory angina

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The very interesting and extremely powerful report by Giannini et al. [1] from the REDUCE, a multi-center clinical registry study, data collection investigated the safety and efficacy of coronary sinus reducer (CSR) implantation for the treatment of refractory angina. The CSR is a novel technology designed to reduce disabling symptoms and improve quality-of-life of patients suffering from refractory angina [2–5].

At present, refractory angina is common in both patients with and without revascularization, and these patients usually associated with various complications and concomitant diseases [2,5]. Thus, indications of the novel device implantation should be clarified. In Giannini's study, CSR was implanted in patients with refractory angina accompanying previous myocardial infarction and stroke, familial coronary artery diseases and atrial fibrillation and so on [1]. We believe subgroup analysis effects of the CSR application on patients with different complications or concomitant diseases cloud reduce deviation of results. Besides, subgroup analysis could directly guide the recommendation of CSR implantation in different patients, which will make more sense for guiding clinical therapy.

In addition, the measured outcomes in this study include angina severity and quality-of-life, but these indicators are relatively subjective. Dobutamine stress echocardiography as an objective parameter to measure left ventricular ejection fraction (LVEF) was not available for all the patients and the result had no statistical significance [1]. Therefore, more objective outcomes could enhance authenticity of the results, such as indicators measured by cardiopulmonary exercise test (CPET), which is widely used in various cardiovascular diseases.

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Conflicts of interest

The authors reported no relationships that could be construed as a conflict of interest.

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