International Journal of Cardiology 283 (2019) 66

Contents lists available at ScienceDirect

International Journal of Cardiology

journal homepage: www.elsevier.com/locate/ijcard

Letter to the Editor

Coronary revascularization for perioperative myocardial infarction needs more thinking

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ARTICLE INFO

Article history:
Received 18 November 2018
Accepted 5 December 2018

Keywords:
Coronary revascularization
Perioperative myocardial infarction

Dear editor,

We read with great interest the recent study by Rostagno et al. [1] published in your journal. They showed coronary revascularization (OR = 0.15, 95% CI = 0.03 to 0.78, $p = 0.024$) was an independent factor associated with improved survival in elderly patients with hip fracture complicating perioperative myocardial infarction. However, we still have two important concerns about this study.

First, they just briefly described that 18 out of 92 patients underwent early coronary angiography. They did not show the decision process for patients' reference for coronary angiography. In fact, the management of perioperative myocardial infarction is still inconclusive, especially invasive treatment [2]. We wonder what was the indication for coronary angiography in their study. Second, the detailed coronary revascularization outcomes were not provided. So, how many patients received coronary stents or other interventions? In addition, dual anti-platelets therapy with aspirin and P2Y12 inhibitor is a common practice to prevent restenosis after PCI [3,4]. However, Rostagno et al. did not report data about perioperative antiplatelet therapy in patients following PCI. Besides, the safety and duration of anti-platelets therapy during the follow-up were not mentioned in their article. Therefore, we cannot evaluate the safety and efficacy of antiplatelet therapy after coronary revascularization among this special population who have a higher bleeding risk than the general subjects.

In conclusion, the operation of coronary revascularization itself is just a part of the treatment strategy. The indication, safety and postoperative management of coronary revascularization for perioperative myocardial infarction remain to be established.

Conflict of interest

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

Acknowledgment

This work was supported by grants from National Natural Science Foundation of China (No. 81803939).

References

[1] C. Rostagno, A. Peris, G.L. Polidori, C. Ranalli, A. Cartei, R. Civinini, A. Boccaccini, D. Prisco, M. Innocenti, C. Di Mario, Perioperative myocardial infarction in elderly patients with hip fracture. Is there a role for early coronary angiography? Int. J. Cardiol. S0167-5273 (18) (2018) https://doi.org/10.1016/j.ijcard.2018.10.095.
[2] N.R. Smilowitz, N. Gupta, Y. Guo, J.S. Berger, S. Bangalore, Perioperative acute myocardial infarction associated with non-cardiac surgery, Eur. Heart J. 38 (31) (2017) 2409–2417.
[3] G.N. Levine, E.R. Bates, J.A. Bittl, R.G. Brindis, S.D. Fihn, L.A. Fleisher, C.B. Granger, R.A. Lange, M.J. Mack, L. Mauri, 2016 ACC/AHA guideline focused update on duration of dual antiplatelet therapy in patients with coronary artery disease: a report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines, J. Am. Coll. Cardiol. 68 (10) (2016) 1082–1115.
[4] S. Banerjee, D.J. Angiolillo, W.E. Boden, J.G. Murphy, H. Khalili, A.A. Hasan, R.A. Harrington, S.V. Rao, Use of antiplatelet therapy/DAPT for post-PCI patients undergoing noncardiac surgery, J. Am. Coll. Cardiol. 69 (14) (2017) 1861–1870.

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https://doi.org/10.1016/j.ijcard.2018.12.022