



Letter to the Editor

## Cardiac MRI assessed protection by direct stenting in STEMI: Effect of local and remote ischemic postconditioning

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Dear Editor,

We read with great interest the well-designed paper by Saad et al. [1] online published in *IJC* in Dec 3, 2018. They conducted a subgroup analysis with well-matched STEMI population of a previous published randomized LIPSIA CONDITIONING trials [2], to explore the potential effect of stenting technique [direct (n = 171) versus non-direct (n = 171)] on the myocardial protection assessed by cardiac MRI and 6-mon mortality in the univariate and multivariate Cox regression analyses. Finally, direct stenting was identified as the independent predictive factor of 6-mon mortality.

The direct stenting technique has been shown to offer more superior results by minimizing coronary microembolisms in primary PCI [3]. In our previous work, the direct stenting technique has been shown to be interfered with the cardioprotection with local ischemic postconditioning (IPoC) [4]. In the total population of LIPSIA CONDITIONING trials [2], the effect of local and/or remote IPoC showed

positive in cardioprotection but negative in mortality. Although the usage of local and/or remote IPoC in this selective subgroup study is balanced between the two stenting technique groups, the Cox regression analyses did not include the conditioning interventions like other balanced clinical factors. As the main intervention in its original study, readers would wonder whether the clinical effect of local and/or remote IPoC in this selective subgroup study remains negative. Hence, we believe that the potential role of IPoC in this substudy should not be arbitrarily ignored, but need a focused analysis in the Cox regression analyses.

## Conflict of interest

None declared.

## References

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