



## Letter to the Editor

## Comment on “Perioperative myocardial infarction in elderly patients with hip fracture. Is there a role for early coronary angiography?”



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#### Dear editor

The paper “Perioperative myocardial infarction in elderly patients with hip fracture. Is there a role for early coronary angiography?” written by C. Rostagno et al. [1] was very useful for surgeons to discovery myocardial infarction in the hip fracture patients, and we have several questions:

1. The hip fracture patients are elderly and most may have several chronic diseases such as hypertension, which lead to a high risk for perioperative complications including myocardial infarction [2,3], etc. Under the condition of disability caused by hip fracture and surgical stress, it is likely for acute stress cardiomyopathy to occur, although the authors excluded the disease in the study, the diagnosis of acute stress cardiomyopathy depends on coronary angiography and a differential diagnosis from myocardial infarction just by symptoms cannot be easily made, TnI and ECG [4].
2. Some perioperative common complications in elderly patients such as heart failure can also lead to elevated TnI, but the authors had not described and excluded [2].
3. The increased TnI alone was not sufficient to diagnose myocardial infarction, the authors should describe the myocardial ischemia symptoms, other cardiac enzymes and ECG changes in the results.

4. Common surgical methods for hip fracture include hip replacement and internal fixation such as intramedullary nail, cancellous screws or a sliding hip screw [5]. It is more valuable if the authors can describe the incidence of myocardial infarction among different surgical procedures to help surgeons diagnose and prevent myocardial infarction earlier.

#### Conflicts of interest

None.

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