



Letter to the Editor

Perioperative myocardial infarction in patients with hip fracture: Is there a role for early coronary angiography? ☆



Carlo Rostagno ^{a,*}, Adriano Peris ^b, Gian Luca Polidori ^c, Claudia Ranalli ^c, Alessandro Cartei ^c, Roberto Civinini ^d, Alberto Boccaccini ^e, Domenico Prisco ^a, Massimo Innocenti ^d, Carlo Di Mario ^a

^a Dipartimento medicina clinica e sperimentale Università di Firenze, Italy

^b SOD terapia intensiva AOU Careggi Firenze, Italy

^c Medicina Interna e post-chirurgica AOU Careggi Firenze, Italy

^d SOD Ortopedia e Traumatologia AOU Careggi Firenze, Italy

^e SOD anestesiologia AOU Careggi Firenze, Italy

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Dear Sir,

We read with interest your comments about the paper: "Perioperative myocardial infarction in elderly patients with hip fracture. Is there a role for early coronary angiography?" and we try to reply to your comments

1. Diagnosis of tako-tsubo (stress cardiomyopathy) was confirmed by coronary angiography in all patients fulfilling Mayo Clinic criteria for stress cardiomyopathy with only two exceptions. The first patient refused examination. In the second, a 96 years old female, typical ECG and echocardiographic findings were considered satisfactory for a definite diagnosis.
2. We agree that patients with heart failure may have a continuous troponin "spillover". Patients included in our study had more than two

troponin points curve showing a peak and thereafter a decrease to normal range values thus suggesting an acute phenomenon

3. Electrocardiographic and/or new left ventricular wall motion abnormalities suggesting ischemia were found in about 70% of patients. The presence of ECG or echo abnormalities did not add significant prognostic information in comparison to isolated increase of troponin values. Since most patients were asymptomatic and ECG was scheduled at fixed hours after surgery, transient ischemic changes may have been missed with underestimation of the number of patients with ECG abnormalities
4. We did not find any significant difference in the incidence of perioperative myocardial infarction between patients underwent hip replacement or treated with different methods of internal fixation. Bleeding rate, that may be the variable linking surgical techniques to a different incidence of perioperative myocardial infarction, was not significant different between these groups

Best regards

Carlo Rostagno on behalf of the authors

Declaration of Competing Interest

None.

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* Corresponding author at: University of Florence, Medicina Interna e post-chirurgica, AOU Careggi Florence, largo Brambilla 3, 50134 Firenze, Italy.

E-mail address: carlo.rostagno@unifi.it (C. Rostagno).