P < 0.001, thus suggesting that in this clinical setting, structural and functional changes of the arterial wall co-exist. Clinical and therapeutic implications of these findings should be explored in the future.

References


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Long-term outcomes of patients with acute myocardial infarction

One of the successes of the PRAGUE-2 trial was to delineate the time frame for optimization of transfer of patients with suspected myocardial infarction (MI) to an interventional facility. Unlike its predecessor trial, which was equally successful in this regard, the PRAGUE-2 trial included suspected MI patients with left bundle branch block (LBBB), although only restricting the enrolment to those with LBBB deemed to be new. The exclusion of suspected MI patients with ‘old’ LBBB was, however, a missed therapeutic opportunity given the fact that, even in the presence of enzymatically authenticated MI, only a minority of instances of ‘new’ LBBB are characterized by additional ECG stigmata, such as concordant ST-segment deviation, capable of distinguishing new from old LBBB, and that thrombolysis confers a mortality rate which (rather tantalizingly) ‘tends’ to be lower (P = 0.067) in LBBB patients lacking those stigmata than the mortality rate in counterparts characterized by those stigmata. Accordingly, given the fact that the onset of MI may, in the majority of instances, fail to distinguish new LBBB from old LBBB, and the fact that reperfusion therapy significantly reduces mortality in MI patients with LBBB, the recommendation that thrombolysis should be offered to all LBBB patients with suspected MI regardless of whether LBBB is deemed to be old or new should have, as its corollary, the use of primary angioplasty in all LBBB patients with suspected MI regardless of whether LBBB is old or new. For the purpose of early triage (i.e. within the 3 h time window) for primary angioplasty, rather than categorize LBBB into old and new, such patients should be categorized into those with and without early enzyme markers such as myoglobin, CK-MB, and heart fatty acid binding protein, the diagnostic accuracy of the biomarkers being potentially enhanced by serial sampling and by using a combination of tests, so as further to explore issues such as the possibility that, in the absence of concurrent ST-segment deviation, LBBB patients with enzymatically validated MI might indeed have a significantly lower mortality rate, following reperfusion therapy, than their counterparts who have those ECG stigmata.

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