



JACC

JUNE 24, 2014
VOLUME 63, No. 24

JOURNAL *of the* AMERICAN COLLEGE *of* CARDIOLOGY

Inside This Issue

STATE-OF-THE-ART PAPERS

STATE-OF-THE-ART PAPERS

Transcatheter Aortic Valve Replacement and MR

2643

Luis Nombela-Franco, Henrique Barbosa Ribeiro, Marina Urena, Ricardo Allende, Ignacio Amat-Santos, Robert DeLarochellière, Eric Dumont, Daniel Doyle, Hugo DeLarochellière, Jérôme Laflamme, Louis Laflamme, Eulogio García, Carlos Macaya, Pilar Jiménez-Quevedo, Mélanie Côté, Sébastien Bergeron, Jonathan Beaudoin, Philippe Pibarot, Josep Rodés-Cabau

Significant mitral regurgitation (MR) is frequent in patients with severe aortic stenosis. The purpose of this review is to present the current knowledge on the clinical impact and post-procedural evaluation of concomitant significant MR in patients with severe aortic stenosis undergoing surgical or transcatheter aortic valve replacement.

STATE-OF-THE-ART PAPERS

Treatment of In-Stent Restenosis

2659

Fernando Alfonso, Robert A. Byrne, Fernando Rivero, Adnan Kastrati

In-stent restenosis (ISR) mainly results from aggressive neointimal proliferation, but recent data also suggest that neoatherosclerosis may play an important role. In this review, the authors discuss the pathogenesis and the currently-available therapeutic strategies for the management of ISR.

(continued on page A-31)

VIEWPOINT

VIEWPOINT

Analysis of the 2013 Cholesterol Guideline**2674***Seth S. Martin, Thura T. Abd, Steven R. Jones, Erin D. Michos, Roger S. Blumenthal, Michael J. Blaha*

In this paper, the authors discuss what they believe are the strengths and shortcomings of the 2013 ACC/AHA Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults. They agree with the current guideline, which prioritizes statin therapy, expands the focus to include atherosclerotic cardiovascular disease including stroke, and uses cardiovascular risk to determine statin eligibility. They, however, feel that there is still a role for using lipid goals and that the guideline should provide guidance on cholesterol evaluation and broaden the concept of age underpinning risk-based decisions.

CLINICAL RESEARCH

CARDIOMETABOLIC RISK

Obesity and Subclinical Atherosclerosis**2679***Yoonsoo Chang, Bo-Kyoung Kim, Kyung Eun Yun, Jubee Cho, Yiyi Zhang, Sanjay Rampal, Di Zhao, Hyun-Suk Jung, Yuni Choi, Jiin Abn, João A. C. Lima, Hocheol Shin, Eliseo Guallar, Seungbo Ryu*

The authors compared the coronary artery calcium (CAC) scores of metabolically-healthy obese (MHO) and metabolically-healthy normal-weight individuals. A cohort of 14,828 metabolically-healthy men and women who had no known cardiac disease, no metabolic syndrome component, and a homeostasis model assessment of insulin resistance (HOMA-IR) <2.5 were evaluated. MHO individuals had a higher prevalence of coronary calcification. In multivariable-adjusted models, the CAC score ratio comparing MHO to normal-weight participants was 2.26. After further adjustments for metabolic risks (mediation analysis), this association was no longer statistically significant. The study concludes that MHO participants had a higher prevalence of subclinical coronary atherosclerosis compared with metabolically healthy normal-weight participants. This association, however, was mediated by metabolic risk factors at levels below those considered abnormal.

Editorial Comment: Rishi Puri, p. 2687

Download English Version:

<https://daneshyari.com/en/article/2944127>

Download Persian Version:

<https://daneshyari.com/article/2944127>

[Daneshyari.com](https://daneshyari.com)