



# JACC

## Cardiovascular Interventions

MARCH 13, 2017  
VOLUME 10  
NUMBER 5

*A Journal of the American  
College of Cardiology*

### INSIDE THIS ISSUE

#### STATE-OF-THE-ART REVIEW

#### Antiplatelet Therapy After Implantation of Bioresorbable Vascular Scaffolds: A Review of the Published Data, Practical Recommendations, and Future Directions

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Davide Capodanno, Dominick J. Angiolillo

The introduction of bioresorbable vascular scaffolds (BVS) for clinical use has raised a number of questions on whether current dual-antiplatelet therapy (DAPT) recommendations after drug-eluting stent (DES) implantation, mostly deriving from data on second-generation DES, are also applicable to this completely different technology. This paper aims to review the technical shortcomings of BVS—the most extensively studied fully bioresorbable coronary stent—and its contemporary rates of scaffold thrombosis, with a focus on recommendations for DAPT duration.

#### CORONARY

#### Direct Admission Versus Interhospital Transfer for Primary Percutaneous Coronary Intervention in ST-Segment Elevation Myocardial Infarction

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Damian Kawecki, Marek Gierlotka, Beata Morawiec, Michał Hawranek, Mateusz Tajstra, Michał Skrzypek, Wojciech Wojakowski, Lech Polonński, Ewa Nowalany-Kozielska, Mariusz Gąsior

This study sought to assess the influence of direct admission versus transfer via regional hospital to a percutaneous coronary intervention (PCI) center on 12-month mortality in ST-segment elevation myocardial infarction (STEMI) patients, within 12 h of symptom onset, from a real-life perspective. Among 70,093 analyzed patients, direct admission was associated with lower 12-month mortality (9.6% vs. 10.4%;  $p < 0.001$ ). In propensity-matched multivariate analysis, direct admission (hazard ratio [HR]: 1.06) and shorter symptoms-to-admission time (HR: 1.03) were significant predictors of lower 12-month mortality. Accordingly, in a community-based cohort of patients with STEMI treated by PCI, direct admission should be preferred to transfer via a regional, non-PCI-capable facility.

#### ■ EDITORIAL COMMENT

#### STEMI Care in Poland and the United States: Both Have Some Distance Yet to Travel

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Peter B. Berger, Molly Perini, Lance B. Becker



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**The Role of Post-Resuscitation Electrocardiogram in Patients With ST-Segment Changes in the Immediate Post-Cardiac Arrest Period** **451**



Youn-Jung Kim, Sun-Yang Min, Dong Hun Lee, Byung Kook Lee, Kyung Woon Jeung, Hui Jai Lee, Jonghwan Shin, Byuk Sung Ko, Shin Ahn, Gi-Byoung Nam, Kyoung Soo Lim, Won Young Kim

The usefulness of immediate brain computed tomography (CT) and electrocardiogram for all resuscitated patients with nontraumatic out-of-hospital cardiac arrest (OHCA) remains controversial. In OHCA survivors with significant ST-segment changes on their post-resuscitation electrocardiogram, the combination of 4 electrocardiogram characteristics including narrow QRS (<120 ms), atrial fibrillation, prolonged QTc interval ( $\geq 460$  ms), and  $\geq 4$  ST-segment depressions could be a predictive tool of spontaneous subarachnoid hemorrhage, which immediate brain CT would be necessary.

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■ **EDITORIAL COMMENT**

**Out-of-Hospital Cardiac Arrest: To CT or Not to CT?** **460**

Timothy D. Henry, Christopher B. Granger

**Meta-Analysis of Randomized Clinical Trials Comparing Biodegradable Polymer Drug-Eluting Stent to Second-Generation Durable Polymer Drug-Eluting Stents** **462**

Georges El-Hayek, Sripal Bangalore, Abel Casso Dominguez, Chandan Devireddy, Wissam Jaber, Gautam Kumar, Kreton Mavromatis, Jacqueline Tamis-Holland, Habib Samady

Prior meta-analyses have established the superiority of biodegradable polymer drug-eluting stents (BP-DES) over bare-metal stents and first-generation durable polymer DES (DP-DES); however, their advantage compared with contemporary second-generation DP-DES remains controversial. The authors performed a meta-analysis of randomized trials comparing BP-DES to second-generation DP-DES, and they demonstrated no difference in the rates of target vessel revascularization, myocardial infarction, cardiac death, stent thrombosis (ST), or very late ST. Similar outcomes were seen regardless of BP-DES stent characteristics or dual-antiplatelet duration. In conclusion, BP-DES have similar safety and efficacy profiles to second-generation DP-DES.

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■ **EDITORIAL COMMENT**

**Biodegradable Polymer Drug-Eluting Stents: Can a Class Effect Be Assumed?** **474**

Jeffrey W. Moses, Vivian G. Ng

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