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INSIDE THIS ISSUE

STATE-OF-THE-ART REVIEW

Annular Rupture During Transcatheter Aortic Valve Replacement: Classification, Pathophysiology, Diagnostics, Treatment Approaches, and Prevention

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Miralem Pasic, Axel Unbehaun, Semih Buz, Thorsten Drews, Roland Hetzer

Annular rupture is an umbrella term covering different procedural-related injuries that may occur in the region of the aortic root and the left ventricular outflow tract during transcatheter aortic valve replacement. According to the anatomical location of the injury, there are 4 main types: supra-annular, intra-annular, subannular, and combined rupture. Treatment approaches include conventional cardiac procedure, isolated pericardial drainage, and conservative therapy. This summary describes theoretical and practical considerations of the etiology, pathophysiology, classification, natural history, diagnostic and treatment strategies, and prevention approaches of annular rupture.

CLINICAL RESEARCH

CORONARY

The Impact of Extreme-Risk Cases on Hospitals' Risk-Adjusted Percutaneous Coronary Intervention Mortality Ratings

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Matthew W. Sherwood, J. Matthew Brennan, Kalon K. Ho, Frederick A. Masoudi, John C. Messenger, W. Douglas Weaver, David Dai, Eric D. Peterson

To address concerns that treating percutaneous coronary intervention (PCI) patients with high-risk features may adversely impact hospital performance ratings, Sherwood et al. examined a validated risk-adjustment model in high-risk PCI cases to assess whether sites' case mix affects their performance ratings. Their study sample included 624,286 PCI procedures at 1,168 sites from the CathPCI Registry in 2010. Crude in-hospital PCI mortality was 1.4%. The V4 NCDR PCI risk-adjusted mortality (RAM) model was well calibrated among high-risk cases. Hospitals treating the highest overall expected risk PCI patients had lower (better) RAM ratings than centers treating lower-risk cases (1.25% vs. 1.51%). Combining high-risk patients over a 2-year period into a single year did not negatively impact sites' RAM ratings. There was no evidence that treating high-risk PCI cases adversely affects hospital RAM rates.

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■ EDITORIAL COMMENT

The Public Reporting Risk of Performing High-Risk Procedures: Perception or Reality?

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Edward L. Hannan

CME

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Access Site Practice and Procedural Outcomes in Relation to Clinical Presentation in 439,947 Patients Undergoing Percutaneous Coronary Intervention in the United Kingdom **20**

Karim Ratib, Mamas A. Mamas, Simon G. Anderson, Gurbir Bhatia, Helen Routledge, Mark De Belder, Peter F. Ludman, Douglas Fraser, James Nolan, for the British Cardiovascular Intervention Society and the National Institute for Cardiovascular Outcomes Research

The influence of access site on patient outcomes was studied in 439,947 procedures from the BCIS (British Cardiovascular Intervention Society) database. This study with a high proportion of transradial access (TRA) procedures (210,260) observed an association with TRA and reduced bleeding and access site complications in stable, non-ST-segment elevation acute coronary syndrome (NSTEMI) and STEMI presentations. An association with reduced major adverse cardiac events was observed in NSTEMI and STEMI. The same associations were observed in a matched cohort comparing TRA to femoral access using closure devices. This suggests the effects observed in randomized trials translate into real patient benefits in routine practice.

Comparison of Sirolimus-Eluting Stenting With Minimally Invasive Bypass Surgery for Stenosis of the Left Anterior Descending Coronary Artery: 7-Year Follow-Up of a Randomized Trial **30** CME

Stephan Blazek, Cornelius Rossbach, Michael A. Borger, Georg Fuernau, Steffen Desch, Ingo Eitel, Thomas Stiermaier, Philipp Lurz, David Holzhey, Gerhard Schuler, Friedrich-Wilhelm Mohr, Holger Thiele

This analysis assessed the 7-year long-term outcomes of a randomized comparison of percutaneous coronary intervention (PCI) with sirolimus-eluting stents versus minimally invasive direct coronary artery bypass (MIDCAB) surgery for the treatment of isolated proximal left anterior descending lesions. Follow-up was conducted in 129 patients at a median time of 7.3 years (interquartile range: 5.7 to 8.3 years). At 7-year follow-up, PCI by sirolimus-eluting stents and MIDCAB in isolated proximal left anterior descending lesions yielded similar long-term outcomes regarding the primary composite clinical endpoint (22% PCI vs. 12% MIDCAB; $p = 0.17$) and quality of life. Target vessel revascularization was more frequent in the PCI group (20% vs. 1.5%; $p < 0.001$).

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