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Preparing the United States for High-Sensitivity Cardiac Troponin Assays

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Frederick K. Korley, Allan S. Jaffe

It is only a matter of time before the use of high-sensitivity cardiac troponin assays becomes common throughout the United States. These assays hold the promise of improving the sensitivity of acute myocardial infarction (AMI) diagnoses, shortening the duration of AMI evaluation, and improving the risk stratification of other noncardiac diagnoses. However, given that detectable levels are present in approximately 2% of healthy individuals with higher rates in hospitalized patients, additional studies and clarifications are needed to prevent confusion and overdiagnosis of acute coronary syndromes.

CLINICAL RESEARCH

INTERVENTIONAL CARDIOLOGY

5-Year Experience With Transapical Mitral TVIV for Bioprosthetic Valve Dysfunction

1759

Anson Cheung, John G. Webb, Marco Barbanti, Melanie Freeman, Ronald K. Binder, Christopher Thompson, David A. Wood, Jian Ye

Transcatheter valve-in-valve implantation (TVIV) may be a lower risk alternative for high-risk patients with degeneration of a previously placed bioprosthetic mitral valve. Cheung and colleagues report on 23 consecutive patients who underwent transapical mitral TVIV. All patients were elderly and at high risk for conventional re-do surgery. Successful TVIV was accomplished in all patients with no intraoperative major complications. One (4.4%) major stroke and 6 (26.1%) major bleeds were reported during hospitalization. Mitral transvalvular gradient significantly decreased; mitral regurgitation was absent or mild in all cases. At a median follow-up of 2 years, survival was 87%.

(continued on page A-18)

CORONARY HEART DISEASE**Sex Differences in Presentation and Outcomes Among Patients With Type 2 Diabetes and CAD Treated With or Without Prompt Revascularization**

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Jacqueline E. Tamis-Holland, Jiang Lu, Mary Korytkowski, Michelle Magee, William J. Rogers, Neuza Lopes, Lisa Mighton, Alice K. Jacobs, for the BARI 2D Study Group

Tamis-Holland and colleagues evaluated differences in outcomes among women and men enrolled in the BARI 2D trial. At enrollment, women were more likely than men to have angina (67% vs. 58%) despite less disease on angiography. Over 5 years, no sex differences were observed in BARI 2D study outcomes after adjustment for difference in baseline variables. However, women reported more angina than men and had lower scores for the Duke Activity Status Index. These results highlight differences in perceived symptoms, but not outcomes in men and women with coronary artery disease (CAD) and diabetes.

CARDIOMETABOLIC RISK**Metabolic Risk Factors Do Not Explain Ethnic Differences in Incident CVD**

1777

Therese Tillin, Alun D. Hughes, Jamil Mayet, Peter Whincup, Naveed Sattar, Nita G. Forouhi, Paul M. McKeigue, Nish Chaturvedi

Tillin and colleagues sought to determine whether ethnic differences in conventional cardiac risk factors account for the observed higher rates of coronary heart disease (CHD) in South Asians (SA) and lower rates in African Caribbeans (AfC) compared to Europeans. Cardiovascular risk factors were assessed at a mean age of 52 years in a large ethnically diverse cohort. After adjusting for age, sex, and other risk factors including diabetes, waist:hip ratio, physical activity, and diet, the risk of CHD was higher in SA and lower in AfC compared to Europeans. These results confirm that CHD risks are elevated in SA and lower in AfC compared to European origin populations, but these differences were not explained by conventional risk factors measured in mid-life.

Editorial Comment: Prakash Deedwania, p. 1787

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