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#### CORONARY

#### A Randomized Study of Distal Filter Protection Versus Conventional Treatment During Percutaneous Coronary Intervention in Patients With Attenuated Plaque Identified by Intravascular Ultrasound

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Kiyoshi Hibi, Ken Kozuma, Shinjo Sonoda, Tsutomu Endo, Hiroyuki Tanaka, Hiroyuki Kyono, Ryoji Koshida, Takayuki Ishihara, Masaki Awata, Teruyoshi Kume, Kengo Tanabe, Yoshihiro Morino, Kengo Tsukahara, Yuji Ikari, Kenshi Fujii, Masao Yamasaki, Takeharu Yamanaka, Kazuo Kimura, Takaaki Isshiki, for the VAMPIRE 3 Investigators

The aim of this study was to test the hypothesis that the selective use of distal filter protection can decrease the incidence of no-reflow phenomenon after percutaneous coronary intervention (PCI) in patients with acute coronary syndromes. In patients with attenuated plaque  $\geq 5$  mm, the use of a distal embolic protection device decreased the incidence of the no-reflow phenomenon and was associated with fewer serious adverse cardiac events after revascularization than conventional PCI. Distal protection may facilitate procedural safety during PCI in the setting of acute coronary syndrome with attenuated plaque  $\geq 5$  mm in length.

#### ■ EDITORIAL COMMENT

#### Benefit of Distal Protection During Percutaneous Coronary Intervention in Properly Selected Patients

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Takashi Kubo, Takashi Akasaka

#### Long-Term Coronary Functional Assessment of the Infarct-Related Artery Treated With Everolimus-Eluting Bioresorbable Scaffolds or Everolimus-Eluting Metallic Stents: Insights of the TROFI II Trial

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Josep Gomez-Lara, Salvatore Brugaletta, Luis Ortega-Paz, Bert Vandeloos, Elisabetta Moscarella, Miguel Salas, Rafael Romaguera, Gerard Roura, José L. Ferreira, Luis Teruel, Montserrat Gracida, Stephan Windecker, Patrick W. Serruys, Joan-Antoni Gomez-Hospital, Manel Sabaté, Angel Cequier

A total of 38 consecutive ST-segment elevation myocardial infarction patients randomized to bioresorbable vascular scaffold (BVS) ( $n = 20$ ) versus everolimus-eluting stent (EES) ( $n = 18$ ) implantation underwent 3-year vasomotor and microcirculatory function tests. Paradoxical vasoconstriction to acetylcholine was observed in  $\geq 60\%$  of patients in the periscaffold/stent segments. Vasoconstriction to acetylcholine and vasodilatation to nitroglycerin were more often observed in the scaffold/stent segment with BVS (77.8% vs. 25.0%;  $p = 0.008$  and 61.1% vs. 18.8%;  $p = 0.018$ ). Microcirculatory parameters of the infarct-related artery were similar between study groups. In conclusion, both endothelium-dependent and independent vasomotion were more evident with BVS, as compared with EES, without differences in the microcirculatory function at 3 years.



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#### ■ EDITORIAL COMMENT

#### Long-Term Vasomotion After Absorb: Fact or Fiction?

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Hiroyuki Jinnouchi, Renu Virmani, Alope V. Finn



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### **Effects of Ticagrelor, Prasugrel, or Clopidogrel on Endothelial Function and Other Vascular Biomarkers: A Randomized Crossover Study**

**1576**

Sara Ariotti, Luis Ortega-Paz, Maarten van Leeuwen, Salvatore Brugaletta, Sergio Leonardi, K. Martijn Akkerhuis, Stefano F. Rimoldi, Gladys Janssens, Umberto Gianni, Jan C. van den Berge, Alexios Karagiannis, Stephan Windecker, Marco Valgimigli, on behalf of the HI-TECH Investigators

Fifty-four post-acute coronary syndrome patients were sequentially exposed to ticagrelor, prasugrel, and clopidogrel following a 3-period balanced Latin square crossover design with 4 weeks per treatment. Endothelial function assessed by pulse amplitude tonometry did not differ, nor did systemic adenosine plasma levels or vascular biomarkers differ at any time points. P2Y<sub>12</sub> platelet reactivity units were lower after ticagrelor as compared with clopidogrel at all time points and after maintenance dose as compared with prasugrel. In 9 patients, endothelial function was assessed simultaneously with flow-mediated dilation; there were no differences after the maintenance dose of ticagrelor as compared with clopidogrel and prasugrel.

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#### ■ EDITORIAL COMMENT

### **Prasugrel or Ticagrelor for Patients With Acute Coronary Syndrome Undergoing Percutaneous Coronary Intervention: Does it Matter?**

**1587**

Jay Giri, Ashwin Nathan

### **The Analgesic Effect of Oxygen in Suspected Acute Myocardial Infarction: A Substudy of the DETO2X-AMI Trial**

**1590**

David Sparv, Robin Hofmann, Annika Gunnarsson, Stefan James, Camilla Hedberg, Jörg Lauermann, Petronella Torild, Elmir Omerovic, Kristina Bergström, Espen Haugen, Camilla Bergström, Rikard Linder, Pia Borg, Urban Haaga, Anneli Olsson, Elin Böving, Ollie Östlund, Rebecca Rylance, Nils Witt, David Erlinge, for the DETO2X-SWEDEHEART Investigators

Routine oxygen in normoxemic patients with acute myocardial infarction (AMI) does not provide clinical benefit. The authors assessed the analgesic effect of moderate-flow oxygen supplementation in AMI patients treated with percutaneous coronary intervention. There was no significant difference in peak level of pain measured by the Visual Analogue Scale (median [interquartile range]) (oxygen 4.0 [1.0 to 6.0], air 3.0 [0.6 to 6.0];  $p = 0.37$ ), use of opiates (mg) (oxygen 0.0 [0.0 to 3.0], air 0.0 [0.0 to 3.0];  $p = 0.31$ ) or use of sedatives between the groups (oxygen 2.5 [0.0 to 2.5], air 2.5 [0.0 to 2.5];  $p = 0.74$ ). Our results do not show an analgesic effect of moderate-flow oxygen supplementation.

#### ■ EDITORIAL COMMENT

### **Oxygen for Myocardial Infarction: Not an Open Bar!**

**1598**

François Lellouche

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