Correspondence: routine early angioplasty after fibrinolysis

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Abstract
To the Editor: Cantor et al. (June 25 issue)1 conclude that among high-risk patients with ST-segment elevation myocardial infarction who receive fibrinolysis, prompt interhospital transfer for early percutaneous coronary intervention (PCI) after fibrinolysis is associated with significantly fewer ischemic complications than is standard treatment. Fundamental to this study’s findings are the criteria for identifying the high-risk patients who are likely to benefit from routine early angioplasty after fibrinolysis.

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Routine Early Angioplasty after Fibrinolysis

TO THE EDITOR: Cantor et al. (June 25 issue) conclude that among high-risk patients with ST-segment elevation myocardial infarction who receive fibrinolysis, prompt interhospital transfer for early percutaneous coronary intervention (PCI) after fibrinolysis is associated with significantly fewer ischemic complications than is standard treatment. Fundamental to this study’s findings are the criteria for identifying the high-risk patients who are likely to benefit from routine early angioplasty after fibrinolysis. Given that the proposed benefit of this strategy is to reduce reocclusion and reinfarction after successful fibrinolysis, as well as to expedite rescue PCI when fibrinolysis fails, the benefits of early angioplasty are likely to be greatest when high risk is defined according to the likelihood of reocclusion, reinfarction, and risk of the failure of fibrinolysis, rather than according to hemodynamic stability and signs of cardiac failure. This is especially true given that nearly one third of the patients in the standard-therapy group required urgent catheterization after fibrinolysis.

Therefore, details from the authors regarding the evidence base and justification of their definition of high risk, and more detailed information or post hoc analysis relating to the subgroup of patients in whom reocclusion or reinfarction occurred or fibrinolysis failed, may help delineate those who are most likely to benefit from early routine angioplasty after fibrinolysis and limit unnecessary angioplasty in those who are not truly at high risk.

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TO THE EDITOR: In the editorial accompanying the report of the Trial of Routine Angioplasty and Stenting after Fibrinolysis to Enhance Reperfusion in Acute Myocardial Infarction (TRANSFER-AMI), Verheugt states that a 2-hour interval from fibrinolysis to PCI “should be considered to be the lowest acceptable one, since PCI immediately after fibrinolysis has proved to be ineffective.” How- ever, TRANSFER-AMI addressed the decision of whether to transfer a patient for PCI after fibrinolysis, whereas the studies referred to by Verheugt addressed the decision of whether to administer fibrinolysis in the first place. As shown in Figure 1 of the editorial, PCI performed as early as 1.6 hours after fibrinolysis has been shown to be superior to a selective invasive approach. The authors of the TRANSFER-AMI report could provide additional clarification of this issue by reporting their efficacy and safety results stratified according to the time from the administration of tenecteplase to PCI. The ultimate solution is to render this issue moot by creating systems in which...