

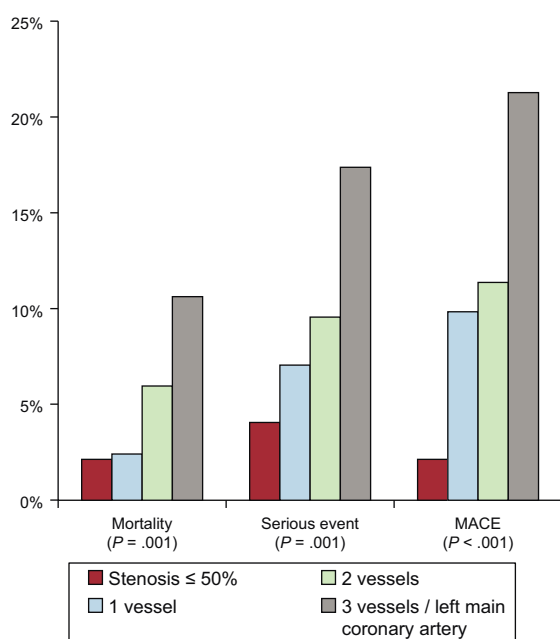


Figure 2. Risk of events at 1 year according to the extent of coronary artery disease. MACE, major adverse cardiovascular events (cardiac death + acute coronary syndrome + revascularization); Serious event (death + acute coronary syndrome).

In view of the above, it is essential to establish a correct etiological diagnosis. This can be based on techniques such as intravascular ultrasound, optical coherence tomography, or coronary computed tomography angiography, which aid in the identification of arteriosclerosis, or magnetic resonance, which reveals areas of subendocardial fibrosis corresponding to necrosis.

With the application of these techniques, acute coronary syndrome without SL should now be less of an enigma. However,

their use is limited by their lack of universal availability, their cost, and the added workload. Consequently, many Spanish patients are discharged from hospital without an accurate diagnosis and even worse—without proper treatment to minimize the risk of new ischemic events.

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REFERENCES

1. Redondo-Diéguez A, Gonzalez-Ferreiro R, Abu-Assi E, Raposeiras-Roubin S, Saidhodjayeva O, López-López A, et al. Pronóstico a largo plazo de pacientes con infarto agudo de miocardio sin elevación del segmento ST y arterias coronarias sin estenosis significativa. *Rev Esp Cardiol.* 2015;68:777–84.
2. Ruiz-Nodar JM, Cequier A, Lozano T, Fernández-Vázquez F, Möller I, Abán S, et al. Impacto del tipo de hospital en el tratamiento y evolución de los pacientes con síndrome coronario agudo sin elevación del ST. *Rev Esp Cardiol.* 2010;63:390–9.
3. Cortell A, Sanchís J, Bodí V, Núñez J, Mainar L, Pellicer M, et al. Infarto de miocardio sin elevación del ST y coronarias normales: predictores y pronóstico. *Rev Esp Cardiol.* 2009;62:1260–6.

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Comments on the Long-term Prognosis of Patients With Non-ST-segment Elevation Acute Myocardial Infarction and Coronary Arteries Without Significant Stenosis. Response



Comentarios al pronóstico a largo plazo de pacientes con infarto agudo de miocardio sin elevación del segmento ST y arterias coronarias sin estenosis significativa. Respuesta

To the Editor,

First and foremost, we would like to thank Lozano et al for their interest and comments on our study.¹ Our objective was to analyze and compare the prognostic value of the absence or presence of stenosis on coronary angiography in patients with non-ST-segment elevation acute myocardial infarction.

On discharge, the current clinical guidelines on non-ST-segment elevation acute coronary syndrome recommend the use of risk scores, which offer prognostic information not only on new thrombotic events but also on overall mortality.² As indicated by Lozano et al, overall mortality does not reflect the possible nonstenotic underlying coronary artery disease in patients without significant coronary lesions. However, from the clinical standpoint, the prognosis for death provides relevant clinical information for

patients and their loved ones and helps to guide decisions on appropriate treatment and follow-up. This is of particular importance in patients without significant lesions who, in the absence of stenosis on coronary angiography, are usually considered to have a good prognosis. There is thus interest in emphasizing that long-term mortality in patients with non-ST-segment elevation acute myocardial infarction and no significant coronary lesions is similar to that in patients with significant coronary lesions.

To homogenize the sample and avoid a possible confounding effect of the inclusion of processes that could resemble non-ST-segment elevation acute coronary syndrome, our study included only patients with markers of myocardial damage within the range considered myocardial infarction. Thus, patients with unstable angina were excluded, unlike in the GYSCA registry.³ It is plausible that the more favorable prognosis for mortality in non-ST-segment elevation acute coronary syndrome in the GYSCA registry is the result of better prognosis in patients with unstable angina compared with those with non-ST-segment elevation acute myocardial infarction.

We used propensity score matching to ensure that patients with no significant coronary lesions and those with significant coronary lesions were comparable and to control for differences in baseline characteristics in the prognosis. The statistical analysis was conducted in the paired cohort with the intention of

providing information on the prognostic value of the presence of stenosis in patients with non-ST-segment elevation acute myocardial infarction. The results should be interpreted in this context and are therefore not comparable with those from other populations.

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REFERENCES

1. Redondo-Diéguez A, Gonzalez-Ferreiro R, Abu-Assi E, Raposeiras-Roubin S, Saidhodjayeva O, López-López A, et al. Pronóstico a largo plazo de pacientes con infarto agudo de miocardio sin elevación del segmento ST y arterias coronarias sin estenosis significativa. *Rev Esp Cardiol.* 2015;68:777–84.
2. Hamm CW, Bassand JP, Agewall S, Bax J, Boersma E, Bueno H, et al. ESC Guidelines for the management of acute myocardial infarction in patients presenting with ST-segment elevation. *Eur Heart J.* 2012;33:2569–619.
3. Ruiz-Nodar JR, Cequier A, Lozano T, Fernández F, Möller I, Abán S, et al. Impacto del tipo de hospital en el tratamiento y evolución de los pacientes con síndrome coronario agudo sin elevación del ST. *Rev Esp Cardiol.* 2010;63:390–9.

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