

Factors Contributing to the Low Rate of Surgical Coronary Revascularization in Spain. Are We Following the Recommendations? Response



Factores que contribuyen a la reducida indicación de la cirugía de revascularización coronaria en España. ¿Seguimos las recomendaciones? Respuesta

To the Editor,

We appreciate the comments and interest from Gualis Cardona et al and Lozano et al regarding our study.¹ Their comments support our impression that the results from our study can be extrapolated to most Spanish centers. They explained their opinions on the causes that have led to the infrequent use of coronary revascularization surgery in Spain. We would add to these causes the progressive increase in experience and confidence of the interventional cardiologists when it comes to treating lesions of the common trunk or multivessel disease, the advances in technology that have led to a low rate of restenosis and thrombosis, and patient preferences, particularly for patients of advanced age.

There is also a lack of published data on surgical results from hospitals in our environment and a low rate of procedures by some cardiac surgeons, owing to a low rate of referral. We think this could contribute to the perception some cardiologists have that the results of surgery in centers where practice is based on guideline recommendations are not comparable to results obtained nationwide.

However, our intention was not to perform an exhaustive analysis of the factors that have led to the situation we described, but to stress the need for their analysis.

During recent years it has been common to see studies and registers published in our environment that analyze rates of compliance with guidelines for such prevalent and relevant conditions as atrial fibrillation,² acute coronary syndrome,³ hypertension,⁴ or hyperlipidemia.⁵ However, we are not aware of any studies that have analyzed compliance with clinical guideline recommendations on coronary revascularization.

The lack of economic interest in promoting initiatives or support for this type of study should not be an impediment; the

scientific societies and administrative bodies can and must encourage the conduction of such studies.

Finally, we would like to acknowledge the comments from Gualis Cardona et al. regarding our study opening the door to an essential debate in our country. Should this happen, we will consider the main objective of our study¹ achieved.

Eduardo Vázquez Ruiz de Castroviejo,* Juan A. Herrador Fuentes, and Juan Carlos Fernández Guerrero

Unidad de Gestión Clínica de Cardiología, Complejo Hospitalario de Jaén, Jaén, Spain

* Corresponding author:

E-mail address: vazquez89@arrakis.es
(E. Vázquez Ruiz de Castroviejo).

Available online 27 July 2015

REFERENCES

- Vázquez Ruiz de Castroviejo E, Herrador Fuentes JA, Guzmán Herrera M, Aragón Extremera V, Alania Torres EM, Fernández Guerrero JC. Utilización de la cirugía de revascularización coronaria en nuestro medio. ¿Seguimos las recomendaciones de las guías? Rev Esp Cardiol. 2015;68:635-6.
- Barrios V, Calderón A, Escobar C, de la Figuera M. Pacientes con fibrilación auricular asistidos en consultas de atención primaria. Estudio Val-FAAP. Rev Esp Cardiol. 2012;65:47-53.
- Barrabés JA, Bardají A, Jiménez-Candil J, del Nogal Sáez F, Bodí V, Basterra N, et al. Pronóstico y manejo del síndrome coronario agudo en España en 2012: estudio DIOCLÉS. Rev Esp Cardiol. 2015;68:98-106.
- Cordero A, Bertomeu-Martínez V, Mazón P, Fácila L, Bertomeu-González V, Cosín J, et al. Factores asociados a la falta de control de la hipertensión arterial en pacientes con y sin enfermedad cardiovascular. Rev Esp Cardiol. 2011;64:587-93.
- Mazón-Ramos P, Cordero A, González-Juanatey JR, Bertomeu Martínez V, Delgado E, Vitale G, et al. Control de factores de riesgo cardiovascular en pacientes diabéticos revascularizados: un subanálisis del estudio ICP-Bypass. Rev Esp Cardiol. 2015;68:115-20.

SEE RELATED ARTICLES:

<http://dx.doi.org/10.1016/j.rec.2015.05.012>

<http://dx.doi.org/10.1016/j.rec.2015.05.013>

<http://dx.doi.org/10.1016/j.rec.2015.06.005>

Elevated Troponin Levels in Patients Without Acute Coronary Syndrome: What is the Real Diagnosis?



Valores de troponina elevados en pacientes sin síndrome coronario agudo: ¿cuál es el diagnóstico real?

To the Editor,

I read with great interest the article by Bardají et al.¹ In their study, the authors reported that patients with elevated troponin levels and no diagnosis of acute coronary syndrome (ACS) had higher mortality than patients with negative troponin without ACS, and had a similar prognosis to patients with ACS. In this article, I would like to emphasize some confusing factors about diagnosis in patients with elevated troponin levels and without ACS in that study. Firstly, in the study by Bardají et al,¹ the authors reported 9 patients with chest pain, 6 patients with syncope, and 8 patients with other diagnoses in the group of patients with

elevated troponin levels and without ACS. To our knowledge and according to current guidelines,² these 3 diseases are not possible non-ACS causes of troponin elevation. Therefore, the authors should comment on the mechanism of troponin elevation in these patient subgroups and the reasons for potentially false-positive troponin elevation. Secondly, the cause of troponin elevation was tachycardia in 25 patients and bradyarrhythmia in 6 patients in the group of patients with elevated troponin levels and without ACS. Tachycardia and bradyarrhythmia are possible causes of non-ACS troponin elevation. However, it is known that they can occur during ACS and can be the only sign of ACS. In particular, ventricular tachycardia and atrioventricular blocks can be associated with ACS. Therefore, the authors should comment on the types of tachycardia and bradycardia and their possible relationship with ACS to eliminate misdiagnosis. Finally, the cause of troponin elevation was defined as heart failure in 55 patients in the non-ACS group. Ischemic heart disease may present as ACS in the acute phase and heart failure in the chronic phase.³ In addition, it is known that acute heart failure may be the presentation of ACS