The authors presented an
1
Eleven
2
This was a prospective, open-label, safety feasibility study. The CSRS was implanted in
15 patients with angina pectoris refractory to medical treatment. All patients underwent uneventful implantations without procedure-related complications. All patients were discharged from hospital 1-2 days afterward. No major adverse cardiac events were reported during follow-up period of 6 months. Six months after implantation, most of the patients had improved Canadian Cardiovascular Society (CCS) scores compared with baseline (3.07 versus 1.64; \( P < .0001 \)). Improvements were also seen for stress-induced ST-segment depression and for the extent and severity of myocardial ischemia as shown by either dobutamine echocardiography or thallium single-photon emission computed tomography.

The 3-year follow-up ended with no deaths, no MI, no device-related adverse events, and persistence of the clinical improvements at 6 months follow-up, as measured by CCS.3 Eleven patients underwent computed tomography angiography after 3 years; all CSRS were patent and well located in the coronary sinus.

Further evaluation of coronary sinus interventions with the Neovasc reducer stent must be done, but initial findings suggest it may be a safe, feasible, comfortable, and effective option for many patients suffering from coronary artery disease. The Coronary Sinus Reducer for Treatment of Refractory Angina (COSIRA) study is a recent clinical multicenter study that will again assess CSRS efficacy.4 Patient enrollment began this past September. We hope that CSRS will be proved as an optional treatment to improve quality of life and survival for patients who suffer from chronic refractory angina pectoris.

Yoav Paz, a, 5 and Amihay Shinfieldb
a, 6General Intensive Care Unit, Tel Aviv Sourasky Medical Center, Sackler Faculty of Medicine, Tel Aviv University, Israel bDepartment of Cardiac Surgery, Chaim Sheba Medical Center, Tel Hashomer. Sackler Faculty of Medicine, Tel Aviv University, Israel
*Corresponding author:
E-mail address: pazyoav@bezeqint.net (Y. Paz).
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