CLINICAL AND ECHOCARDIOGRAPHIC DETERMINANTS OF LONG-TERM SURVIVAL AFTER SURGICAL MYECTOMY IN OBSTRUCTIVE HYPERTROPHIC CARDIOMYOPATHY, by Woo et al.

The study by Woo et al is an update of the important surgical experience with septal myectomy for obstructive hypertrophic cardiomyopathy (HCM) over 25 years at Toronto General Hospital, with an experienced operating surgeon. This is one of the most important consecutive single-center surgery series for this disease worldwide, representing the standard for surgical outcomes for HCM. The clinical and echocardiographic predictors of long-term survival and freedom from cardiovascular morbidity after myectomy were (1) female gender (OR 3.3; 95% CI 2.0–5.4; P < 0.0001), (2) history of preoperative atrial fibrillation (OR 1.9; 95% CI 1.1–3.3; P = 0.02), and (3) preoperative left atrial diameter ≥46 mm (OR 2.5; 95% CI 1.5–4.3; P = 0.0008). Myectomy provided excellent relief for left ventricular outflow tract obstruction in patients with HCM. Preoperative clinical and echo variables help predict the long-term outcome after myectomy. See p 2033.

PIVOTAL ROLE FOR ENDOTHELIAL TETRAHYDROBIOPTERIN IN PULMONARY HYPERTENSION, by Khoo et al.

Loss of endothelial nitric oxide bioavailability has been implicated in the pathogenesis of pulmonary hypertension. Recent evidence suggests that the cofactor tetrahydrobiopterin (BH4) is an important regulator of nitric oxide synthase enzymatic function. Khoo and colleagues use a range of complementary gene-modified murine models to demonstrate that endothelial BH4 availability in the pulmonary circulation regulates the pathophysiological response to hypoxia, providing evidence for a novel and important role for endothelial BH4 in the pulmonary vasculature. Endothelial BH4 availability appears to be important in maintaining pulmonary vascular homeostasis, is a mediator in the pathogenesis of pulmonary hypertension, and may be a novel therapeutic target. See p 2126.

EFFECTIVENESS AND SAFETY OF SIROLIMUS-ELUTING STENTS IN THE TREATMENT OF RESTENOSIS AFTER CORONARY STENT PLACEMENT, by Neumann et al.

The advent of intracoronary stents has been a major advance in the percutaneous treatment of symptomatic coronary artery disease. However, in-stent restenosis has been an important problem limiting the benefit of percutaneous coronary angioplasty. Other than brachytherapy, clinicians have had few proven alternatives for treating this problem. In this issue, Neumann and colleagues have expanded our options for treating in-stent restenosis by providing convincing evidence that sirolimus-eluting stents represent a safe and effective means of treating in-stent restenosis. This study represents an important advance in the percutaneous treatment of recurrent coronary stenoses. See p 2107.

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Magnetic Resonance Imaging Findings in Temporal Arteritis. See p e260.
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Correspondence
Letter Regarding Article by McKechnie et al, “Prognostic Implication of Anemia on In-Hospital Outcomes After Percutaneous Coronary Intervention.” See p e263.
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