Response to Letter Regarding Article, “Intracoronary Versus Intravenous Administration of Abciximab in Patients With ST-Segment Elevation Myocardial Infarction Undergoing Primary Percutaneous Coronary Intervention With Thrombus Aspiration: The Comparison of Intracoronary Versus Intravenous Abciximab Administration During Emergency Reperfusion of ST-Segment Elevation Myocardial Infarction (CICERO) Trial”

We thank Niccoli et al for their letter, which interestingly suggested that intracoronary administration of abciximab may exert its action in patients with ST-segment elevation myocardial infarction through facilitation of reversible no reflow. Our study was designed to detect a difference in electrocardiographic and angiographic measures of immediate myocardial reperfusion after primary percutaneous coronary intervention, markers that are frequently used in medium-sized randomized studies and show strong correlation with clinical outcome. In this regard, we did not include recovery of myocardial perfusion at a later time point as a prespecified end point. It is not our center’s routine clinical practice to reevaluate the initial angiographic result and recovery of myocardial perfusion in the infarct-related artery before discharge, either by repeat angiography or by cardiac magnetic resonance imaging. Because the infarct-related artery may have been filmed in additional revascularization procedures only in highly selected cases, we believe that analysis of this small, nonprespecified subset of patients would not produce meaningful results. In fact, an early study has indicated that intracoronary administration of abciximab significantly reduced the primary end point of microvascular obstruction on cardiac magnetic resonance imaging. Therefore, we agree with Niccoli et al that facilitation of reversible no reflow is one of the plausible mechanisms of action of intracoronary abiximab, a hypothesis that may be further tested in ongoing randomized studies on intracoronary versus intravenous abciximab administration that include cardiac magnetic resonance end points.

Disclosures

None.

References


(Circulation. 2011;124:e231.)

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Circulation is available at http://circ.ahajournals.org

DOI: 10.1161/CIRCULATIONAHA.111.032961

University Medical Center Groningen
University of Groningen
Groningen, Netherlands

Maarten W. Nijsten, MD, PhD
Department of Critical Care
Thorax Center

University Medical Center Groningen
University of Groningen
Groningen, Netherlands

Felix Zijlstra, MD, PhD
Thoraxcenter
Erasmus Medical Center
Rotterdam, Netherlands

Youlan L. Gu, MD
Marthe A. Kampinga, MD
Wouter G. Wieringa, MD
Marielke F. Fokkema, BSc
Hans L. Hillege, MD, PhD
Ad F.M. van den Heuvel, MD, PhD
Eng-Shiong Tan, MD, PhD
Gabija Pundziute, MD
Siyrous Hoseyni Guyomi, MD
Iwan C.C. van der Horst, MD, PhD
Bart J.G.L. de Smet, MD, PhD

Department of Cardiology
Thorax Center

Correspondence

Youlan L. Gu, MD
Marthe A. Kampinga, MD
Wouter G. Wieringa, MD
Marielke F. Fokkema, BSc
Hans L. Hillege, MD, PhD
Ad F.M. van den Heuvel, MD, PhD
Eng-Shiong Tan, MD, PhD
Gabija Pundziute, MD
Rik van der Werf, MD
Siyrous Hoseyni Guyomi, MD
Iwan C.C. van der Horst, MD, PhD
Bart J.G.L. de Smet, MD, PhD

Department of Cardiology
Thorax Center

University Medical Center Groningen
University of Groningen
Groningen, Netherlands
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Circulation. 2011;124:e231
doi: 10.1161/CIRCULATIONAHA.111.032961
Circulation is published by the American Heart Association, 7272 Greenville Avenue, Dallas, TX 75231
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Print ISSN: 0009-7322. Online ISSN: 1524-4539

The online version of this article, along with updated information and services, is located on the World Wide Web at:
http://circ.ahajournals.org/content/124/8/e231

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