

Please note: The authors have reported that they have no relationships relevant to the contents of this paper to disclose.

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REPLY: Is Coronary Wedge Pressure a Technique to Identify High-Risk Patients Who May Benefit From Alternative Treatment in Acute Myocardial Infarction?

Is This The Next Step?

We would like to thank Prof. Iancu and colleagues for their comments about our recent publication (1). They raise 3 important points:

1. Which patient and procedural factors impact on microvascular function (MF) after primary angioplasty (PPCI)? We have not analyzed thrombus size and composition, but we agree that this could provide insights into the mechanisms of MF observed at the completion of PPCI. MF is multifactorial in this situation, reflecting a combination of ischemic injury, prior and procedure-associated distal embolization, and patient factors such as age and diabetes. We have recently addressed the specific effect of coronary stent implantation on MF, and identified that the most important determinants of change in MF are lesion location, thrombus burden, implanted stent volume, and baseline MF (2).
2. Use of coronary wedge pressure (CWP): There are a number of indices of MF available. The specific aim of our study was to compare Doppler and thermodilution-derived indices. We agree that offline analysis is time-consuming, but we do not believe that this finding provides only prognostic

information. We have previously shown that final myocardial salvage is related to both end-of-procedure MF and how MF changes over the subsequent day, suggesting that identification of patients with impaired MF at the completion of PPCI could identify an especially high-risk group in which additional interventions maybe most beneficial (3).

3. Assessment of CWP before coronary stenting: CWP provides a simple measure, but in patients with collateral flow especially, it is maybe less reliable than a number of alternative indices. Ultimately, however, an enhanced understanding of the coronary microcirculation at the time of PPCI and the utility of different measures is essential if we are to achieve better outcomes from reperfusion for all of our patients.

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Personalized Antiplatelet Therapy



The Odyssey Continues

We read with great interest the RECLOSE 3 (REsponsiveness to CLOpidogrel and Stent Thrombosis 3) study reported by Valenti et al. (1) in which