

EDITOR'S PAGE



A Focus on ST-Segment Elevation Myocardial Infarction



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You will notice that, in January, we are publishing a second issue of *JACC: Cardiovascular Interventions*. The purpose of this issue is to focus on interesting developments in the interventional approach to ST-segment elevation myocardial infarction (STEMI). There can be no argument that the greatest contribution of interventional cardiology thus far is the dramatic impact on the outcomes of myocardial infarction. Mortality rates for STEMI have come down in many hospitals to the low single digits. In addition, the long-term consequences of myocardial infarction that were common a few years ago, such as ventricular aneurysm development and congestive heart failure, are now few. There is no doubt that primary angioplasty has become a true disruptive technology that has completely altered the course of acute myocardial infarction. With the progress that has been made, however, there remain questions to be resolved in the management of myocardial infarction. We receive excellent papers reflecting the important investigations that continue to affect outcomes. Therefore, we decided to publish some of these studies in a special edition to accomplish 2 things: to get them to the readership in a more expedited manner, and to enable reflection on a number of questions related to STEMI and primary angioplasty.

Some of the areas addressed in this issue are: a current assessment in the progress made in applying primary percutaneous coronary intervention (PCI) broadly in the United States; the optimal antiplatelet

therapy to accompany primary angioplasty; the value of prophylactic warfarin anticoagulation for large anterior myocardial infarctions; the hot question of whether to stent nonculprit lesions at the time of primary PCI; the strategy for managing patients who have received fibrinolysis and are eligible for PCI; approaches to infarct size reduction, including remote ischemic conditioning; the complication of stent thrombosis after primary PCI; the role for the bioabsorbable vascular scaffold in primary PCI; and the hotly-discussed topic of anticoagulation with heparin or bivalirudin for primary PCI. We conclude with a spirited discussion of this topic presenting different points of view.

We will be interested to know whether you find value in a concentrated emphasis on 1 aspect of interventional cardiology. There are numerous subjects similar to acute myocardial infarction that can be explored in special issues. We have received approval from our publisher to repeat this special issue initiative, so you can anticipate another in April. The subject is yet to be determined, but the effect will be to enable us to publish some additional papers this year. With an acceptance rate for original research currently below 10%, we are pleased to be able to bring more deserving papers to you.

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