

Editorial

Results of primary percutaneous treatment of acute myocardial infarction at a reference hospital in southern Brazil

Resultados do tratamento percutâneo primário do infarto agudo do miocárdio em um hospital de referência do sul do Brasil

The mortality of ST-segment elevation myocardial infarction (STEMI) is influenced by clinical factors, such as age, functional class, and left ventricular ejection fraction, as well as logistics, such as treatment delays and choice of reperfusion treatment. Treatment delays which include both the patient's delay and the system's delay in transferring and/or treating patients, are components of the total ischemic time, which can easily be measured and should be regularly observed and reassessed, in order to ensure that the quality of treatment indicators is met and maintained over time. Araujo et al., from Hospital de Clínicas de Porto Alegre (Porto Alegre, RS, Brazil), bring the results of a prospective registry of patients who underwent primary percutaneous coronary intervention (PCI) at that referral center. Case complexity and the long period between symptom onset and coronary reperfusion, in part related to the delay between symptom onset and arrival at the tertiary hospital, explain the high rates of cardiovascular outcomes observed. Mattos et al., from Rede D'Or São Luiz, in a related editorial, discuss the percutaneous treatment of AMI in the last 30 years, since the first randomized studies, and the advances in the adjunct pharmacological treatment, to the most current logistical issues, which involve difficulties in offering treatment to the entire population, at services available 24 hours a day, 7 days a week, in addition to the availability of hospitals with adequate infrastructure and qualified multiprofessional team. Treatment delays are also emphasized by those authors: the patient's delay and the prolonged transfer and/or treatment times are important factors in the increase of total ischemic time, with consequent worsening of results and prognosis.

Myocardial infarction is also the subject of three other articles in this issue. Souza et al., from Escola Paulista de Medicina da Universidade Federal de São Paulo (São Paulo, SP, Brazil), present an interesting study design, which will evaluate perfusion changes (myocardial blush) and coronary flow, as well as establish whether there is an association with infarction size, quantified by cardiac magnetic resonance imaging after rescue PCI. Miranda et al., from Irmandade da Santa Casa de Misericórdia de Campo Belo (Campo Belo, MG, Brazil), and Curado et al., from Hospital Beneficência Portuguesa (São Paulo, SP, Brazil), using the large database of the Brazilian National Center of Cardiovascular Interventions (Central

Nacional de Intervenções Cardiovasculares - CENIC), investigate the impact of pre-dilation on primary PCIs and the effects of smoking on primary or rescue PCIs, respectively.

Other articles present contents of great interest in the PCI scenario. Diabetic patients with multivessel disease have a higher chance of post-PCI events with drug-eluting stents and Torres et al., from Instituto de Cardiologia Dante Pazzanese (São Paulo, SP, Brazil), evaluate the clinical outcomes and the ability of the SYNTAX and residual SYNTAX scores to predict long-term events in these patients. The transition from ticagrelor to clopidogrel is not based on pharmacodynamic or clinical studies; however, in Brazil it is a common practice after PCI in patients with acute coronary syndromes. Andrade et al., from Irmandade da Santa Casa de Misericórdia de Marília (Marília, SP, Brazil), analyzed the impact of this strategy on the rate of major adverse cardiac events at 30 days.

This issue also features contents that address alternatives for venous access in cardiac catheterization, and radiation inside the cath lab. Valle et al., from Hospital de Clínicas de Porto Alegre (Porto Alegre, RS, Brazil), explore the results of right cardiac catheterization through ultrasound-guided antecubital vein approach. Bienert et al., from Hospital das Clínicas da Faculdade Estadual de Medicina de Marília (Marília, SP, Brazil), evaluated scattered radiation and the impact of local protective devices in an interventional cardiology laboratory.

Finally, Ribeiro et al., on behalf of a group of specialists from the Brazilian Society of Cardiology, the Brazilian Society of Interventional Cardiology and the Brazilian Society of Cardiovascular Surgery, drafted a clinical protocol for transcatheter pulmonary valve implantation and established standards for accreditation of centers and interventionists in Brazil. This official document has been forwarded to Brazilian Federal Council of Medicine.

Enjoy your reading!

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Editor

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