Letter by Lozano et al Regarding Article, “Adjunctive Thrombectomy for Acute Myocardial Infarction: A Bayesian Meta-Analysis”

To the Editor:

We have read with interest the article by Mongeon et al1 related to thrombectomy in acute myocardial infarction. Since the introduction of the first device in the interventional arena a decade ago, we have used a long list of different designs with varying clinical results, frequently disappointing in comparison with the expectations. Although the hypothesis of thrombus elimination may look attractive, the translation to clinical benefits is more troublesome. However, the Thrombus Aspiration during Percutaneous coronary intervention in Acute myocardial infarction Study (TAPAS) trial2 changed this tendency and showed benefit in survival at 1 year and even received a class IIa recommendation in the 2009 guidelines update.3 The current situation is far from ideal, despite the positive results of the TAPAS trial, because there is no general agreement of their utility. In our opinion, 2 facts have driven us to this confusing situation. First, instead of considering the presence of thrombus, a qualitative variable as present or absent, we should analyze what kind of thrombus we have to manage. Few similarities exist between a large thrombus in the midsegment of a 4.5-mm right coronary with embolization to distal branches and Thrombolysis in Myocardial Infarction grade 1 and a small thrombus in a 3-mm artery with Thrombolysis in Myocardial Infarction grade 3. Second, designs of studies such as TAPAS, which, as the mentioned update states, are “a study of routine thrombus aspiration versus no thrombus aspiration rather than a study of routine thrombus aspiration versus selective thrombus aspiration,”3 do not help to dispel unresolved questions. We need designs whose routine use could be compared with a selective approach; only this information will clarify the role of these devices. It is likely that a rational utilization that avoids radical positions will allow us to make the most of their use.

Disclosures

None.

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References

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Circ Cardiovasc Interv. 2010;3:e8
doi: 10.1161/CIRCINTERVENTIONS.110.943647
Circulation: Cardiovascular Interventions is published by the American Heart Association, 7272 Greenville Avenue, Dallas, TX 75231
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Print ISSN: 1941-7640. Online ISSN: 1941-7632

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