Response to Letter Regarding Article, “Remote Ischemic Postconditioning During Percutaneous Coronary Interventions: Remote Ischemic Postconditioning-Percutaneous Coronary Intervention Randomized Trial”

We thank Drs Giblett and Hoole for their interest in our article.2 The rationale for assessing the value of ischemic postconditioning as opposed to preconditioning during percutaneous coronary intervention is lengthily reviewed in our article. The failure of ischemic postconditioning may have been related to its late application.2 It is possible that applying ischemic conditioning immediately after the diagnostic angiography would have resulted in a different outcome. Indeed, such an intervention would avoid the discomfort associated with preconditioning in patients who subsequently do not receive percutaneous coronary intervention. However, such method would still require intervening on all patients undergoing percutaneous coronary intervention, instead of identifying the patients who may benefit from this intervention.

One of the objectives of our study was to apply ischemic conditioning after stenting, as a model for postconditioning in ST-segment-elevation myocardial infarction. Ultimately, the ST-segment-elevation myocardial infarction population is more likely to benefit from any intervention that improves myocardial protection, but to date, the results of the ST-segment–elevation myocardial infarction trials are not consistent.3,4 Many patients who present with ST-segment–elevation myocardial infarction have antecedent angina.

With regard to the potential higher threshold in some of the patients, one of our objectives was to apply a higher magnitude of ischemia by inflating the blood pressure cuff on the thigh. Whether overcoming a higher threshold is better achieved by applying more cycles or longer cycles remains to be defined.5

Ischemic conditioning may indeed be a valuable therapeutic modality, but further studies are needed before its translation to clinical practice.

Disclosures
None.

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