

The Year 2011 in Interventional Cardiology

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Dear Editor,

We are delighted to show *Arquivos Brasileiros de Cardiologia* readers a review of the most relevant studies on Interventional Cardiology published in *Revista Española de Cardiología* in the last two years.

In relation to national protocols of emergency transfer for primary percutaneous coronary intervention in ST elevation myocardial infarction patients, we have published two papers from northern Galicia and the Southern Metropolitan area of Barcelona. Of importance, the implementation of both programs resulted in an increase in the number of patients receiving primary angioplasty^{1,2}.

We have also published important studies regarding transcatheter aortic valve implantation, a hot topic in interventional cardiology. Lopez-Otero et al³ reported the experience of three Spanish hospitals with the use of the axillary approach in patients who have contraindication to the femoral approach. They showed that the axillary approach using the CoreValve® was safe and efficient for selected patients, with excellent results in terms of success implantation and in-hospital and 30-day mortality. Lopez-Otero et al⁴ also published the joint experience of four hospitals regarding safety and effectiveness of the treatment of degenerated aortic homograft in patients refused for surgery. They showed that transcatheter treatment of degenerated

aortic homografts and aortic insufficiency was safe and effective. Hernandez-Antolin et al⁵ compared the results obtained in transfemoral implantation of an Edwards-SAPIEN or CoreValve® aortic valve prosthesis in patients with severe aortic stenosis and a high surgical risk. They showed that in-hospital mortality, the complication rate and medium-term outcomes were similar with the two devices. The only difference observed was a higher implantation success rate with the CoreValve®, although at the expense of a greater frequency of atrioventricular block.

In the intracoronary imaging field, Jiménez-Quevedo et al⁶ investigated the clinical consequences and predictive factors of the change in the type of plaque as assessed by serial intracoronary ultrasound in type II diabetic patients with known coronary artery disease. They showed that qualitative changes in mild stenosis documented by intracoronary ultrasound in type II diabetics were associated with suboptimal secondary prevention. Also with intracoronary ultrasound, Medina et al⁷ studied plaque distribution in the coronary bifurcation and the prevalence of carina involvement. They showed plaque at the carina in one-third of the bifurcations. The incidence of plaque was higher in those bifurcations, with the minimal lumen area point distal to the carina, and was associated with a lower incidence of damage to the side branch ostium.

Keywords

Percutaneous Coronary Intervention; Angioplasty; Aortic Valve Stenosis.

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