

Comment on “Protective effect of dexmedetomidine on perioperative myocardial injury in patients with Stanford type-A aortic dissection”

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Dear Editor,

We have carefully read the research literature of Wang Dalong and others on “dexamethasone can reduce the inflammatory response and thus reduce the myocardial injury in Stanford type A aortic dissection patients”¹. This study compared the heart rate, mean arterial pressure at different time points, serum creatine kinase MB, cardiac troponin I, C-reactive protein, and tumor necrosis factor- α between the dexamethasone group and the control group, and proposed that “dexamethasone treatment can reduce perioperative myocardial injury in patients with Stanford type A aortic dissection and its mechanism may be related to resistance to inflammatory response and oxidative stress.” As a clinician in the emergency department, this study has a high reference value for our clinical work. However, we still have several problems to discuss with the channel.

First of all, we know that Stanford’s classification of aortic dissection is a rough classification. In recent years, many scholars have proposed a variety of subtype schemes for Stanford type

A aortic dissection based on their clinical experience, anatomical location, prognosis, and other factors^{2,3}. We hope that this study will further show the general demographic characteristics of the selected cases, as well as the specific anatomical location of Stanford type A aortic dissection and other individual case characteristics, so as to further judge the clinical application scope and value of this study.

Second, the prognostic indicators of Stanford type A aortic dissection patients, such as survival time follow-up, incidence of complications, and postoperative physical recovery, are the key results that directly reflect the effect of dexamethasone in the perioperative period. We hope that the follow-up research of this study can fully show.

AUTHORS’ CONTRIBUTIONS

DX: Writing – original draft, Writing – review & editing.

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