Advances in Myocardial Ischemia Research and Treatment

2011 Edition

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glycoprotein were measured 1, 3 and 7 days after admission. All patients completed 7 years of follow-up. Endpoints were 1-year (short-term) and 2-to 7-year (long-term) mortality and modes of death, classified as nonsudden cardiovascular, sudden, and noncardiovascular death. The short-term mortality rate was 18%. The long-term mortality rate was 26%. The short-term mortality risk was higher in patients in whom the markers were in the upper tertile. Fully adjusted hazard ratios (and 95% confidence interval) were 3.2 (1.4-7.9), 3.5 (1.7-7.9), 3.5 (1.6-8.6), and 6.1 (2.3-19.1) for neutrophil granulocyte, erythrocyte sedimentation rate, C-reactive protein, and alpha1-acid glycoprotein, respectively. The excess mortality was chiefly due to nonsudden cardiovascular mortality [fully adjusted hazard ratios were 4.6 (1.7-14.7), 4.7 (1.9-13.7), 5.9 (2.0-21.3) and 5.5 (2.0-17.6), respectively], whereas no association was found with sudden death or noncardiovascular modes of death. In the long term, the association with mortality and modes of death was no longer significant. The acute-phase inflammatory markers tested following AMI are independently and concordantly associated with short-term mortality and their prediction is associated only with nonsudden cardiovascular modes of death," wrote G. Berton and colleagues, General Hospital, Department of Cardiology.

The researchers concluded: "These markers are not associated with long-term mortality."

Berton and colleagues published their study in the *Journal of Cardiovascular Medicine* (Acute-phase inflammatory markers during myocardial infarction: association with mortality and modes of death after 7 years of follow-up. *Journal of Cardiovascular Medicine*, 2010;11(2):111-7).

For additional information, contact G. Berton, Conegliano General Hospital, Dept. of Cardiology, Conegliano, Italy. *(2010 APR 26)*

General Hospital, Higashi Osaka: Echocardiographic progression of a subepicardial aneurysm after inferior myocardial infarction

New research, 'Echocardiographic progression of a subepicardial aneurysm after inferior myocardial infarction,' is the subject of a report. "A 62-year-old man presented to hospital with chest oppression. Coronary angiography revealed total occlusion of the right coronary artery and inferior myocardial infarction was diagnosed," scientists in Osaka, Japan report.

"He was treated by percutaneous coronary intervention with stenting for myocardial infarction. After four months, echocardiography revealed a huge aneurysm protruding below the inferior surface of the left ventricle. It was considered to be a pseudoaneurysm from