Primary PCI for STEMI

Interventional therapy for STEMI is one of the great success stories in cardiology and in all of the medicine. Not only have clear reductions in mortality been demonstrated using PCI approaches to reperfusion, but we have also come to expect shorter hospitalizations and find that many of our patients have such an easy time with therapy for acute myocardial infarction that they do not fully grasp the magnitude of the event and of their therapy. Despite the successes, we continue to work to improve outcomes from STEMI and to reach those patients who do not find their way to the best of STEMI therapy. This issue highlights progress in PCI therapy for acute myocardial infarction.

Jeffrey M. Sparling, MD; Pinak B. Shah, MD; and David O. Williams, MD, provide a helpful review of the ACC/AHA/SCAI 2009 focused update on managing STEMI. Next, Aman Ali, MD; Ryan Cunnane, MD; Hannah Whitney, RN; and Timothy A. Sanborn, MD, FSCAI, explain the methods their practice has implemented in order to improve door-to-balloon times and improve patient care.

Because most hospitals in the United States do not have primary PCI capability, it is important to provide timely and effective transport of patients. George S. Hanzel, MD, FACC, FSCAI, offers an overview of strategies to overcome the difficult transport process and to manage patients effectively.

Martial Hamon, MD, and Javed Ehtisham, MD, provide an overview of femoral versus radial access in terms of bleeding risk, staff workload, and patient outcomes.

Howard A. Cohen, MD, FACC, FSCAI, continues our feature on primary PCI for STEMI by discussing three key therapeutic devices that are currently being used in hemodynamic support for acute myocardial infarction.

Fibrinolytic therapy is beginning to dwindle as the preferred method for treating STEMI. Troy A. Weirick, MD, and H. Vernon Anderson, MD, FACC, FSCAI, explain when it can be used in a time when primary and facilitated PCI are becoming increasingly prevalent.

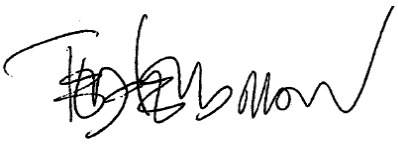
Michel R. Le May, MD, brings us an insightful look at how to couple the current reperfusion strategies to effectively manage STEMI.

This month in our Vessel Update column, Jennifer Tremmel, MD, discusses teaching the radial approach in interventional fellowships and gives us the fellows' candid views on learning this technique.

We also have a Structural Update from Ryan Ko, MBBS, MRCP, and Michael J. Mullen, MBBS, FRCP, MD, in which they present evidence suggesting that patent foramen ovale closure could have an important impact on preventing cryptogenic stroke.

We conclude this issue with an interview with Jason H. Rogers, MD, who describes his many trial research efforts, his concern regarding valvular heart disease, and his hope of moving toward a complete adoption of percutaneous procedures.

I hope you enjoy our STEMI update and the additional focus on radial and structural interventional therapies. We continue to try to synthesize the overwhelming volume of literature in interventional cardiology and provide concise, thoughtful, and up-to-date reviews. Please let me know if there are topics you would like to see added to our coverage. ■



Ted E. Feldman, MD, FSCAI
Chief Medical Editor
citeditorial@bmctoday.com