

New criteria IDs clinically relevant post-procedure MI

October 31 2013



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(HealthDay)—A new definition of myocardial infarction (MI) that encompasses clinically relevant MI following coronary revascularization, rather than one that identifies small degrees of myonecrosis, should be adopted, according to a consensus document published in the Oct. 22 issue of the *Journal of the American College of Cardiology*.

Issam D. Moussa, M.D., from the Mayo Clinic in Jacksonville, Fla., and colleagues from the Society for Cardiovascular Angiography and Interventions introduced a new definition for clinically relevant MI after [coronary revascularization](#) ([percutaneous coronary intervention](#) or [coronary artery bypass](#) grafting), which is applicable for use in clinical

trials, patient care, and quality outcomes assessment.

The researchers, representing physicians practicing both interventional cardiology and cardiac surgery, say that the key differences between the newly proposed definition focusing on clinically relevant MIs and the existing criteria include using CK-MB rather than troponin as the preferred marker; the level to which the protein level must rise to signal a heart attack; and under what circumstances additional evidence from an electrocardiogram, an imaging test, or symptoms is needed to confirm the diagnosis.

"Widespread adoption of an MI definition not clearly linked to subsequent adverse events such as mortality or heart failure may have serious consequences for the appropriate assessment of devices and therapies, may affect clinical care pathways, and may result in misinterpretation of physician competence," the authors write.

Several authors disclosed financial ties to the pharmaceutical and medical device industries.

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Citation: New criteria IDs clinically relevant post-procedure MI (2013, October 31) retrieved 4 May 2024 from <https://medicalxpress.com/news/2013-10-criteria-ids-clinically-relevant-post-procedure.html>

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