No beneficial effects seen for cyclosporine A in reperfused MI

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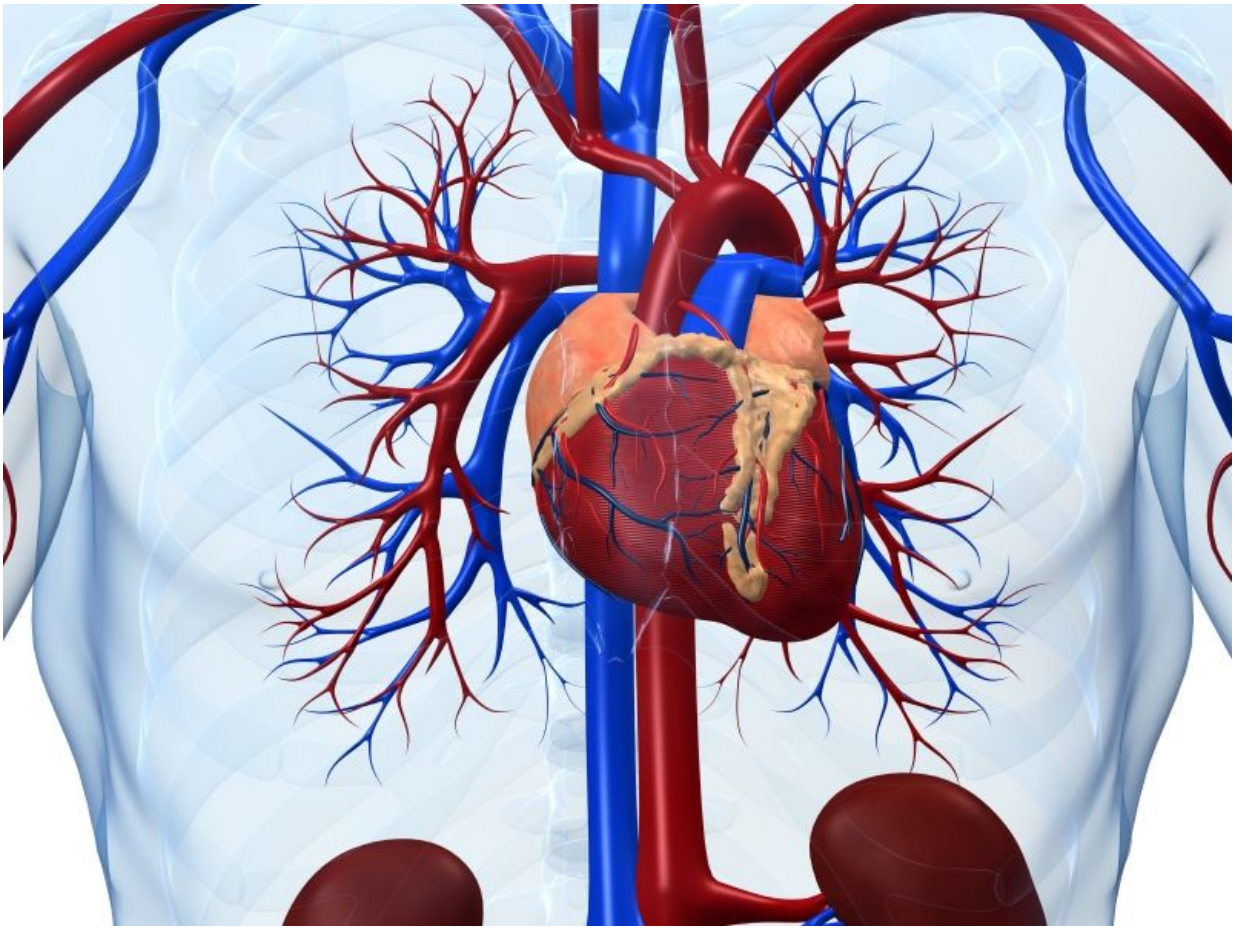

(HealthDay)—A single intravenous cyclosporine A (CsA) bolus just

before primary percutaneous coronary intervention has no beneficial effects on ST-segment resolution in reperfused myocardial infarction (MI), according to a study published in the Feb. 2 issue of the *Journal of the American College of Cardiology*.

Filippo Ottani, M.D., from the Ospedale GB Morgagni in Forli, Italy, and colleagues examined the effect of CsA on ST-segment resolution. Patients (age 63 ± 12 years) from 31 cardiac care units, with large ST-segment elevation MI and Thrombolysis In Myocardial Infarction flow grade 0 to 1 in the infarct-related artery, were randomized to 2.5 mg/kg intravenous CsA (207 patients) or control (203 patients) before percutaneous coronary intervention.

The researcher found that 52.0 percent of CsA patients and 49.0 percent of controls had ST-segment resolution ≥70 percent (P = 0.55). On day four, the median high-sensitivity cardiac troponin T (hs-cTnT) was 2,160 and 2,063 ng/L in the CsA and control group, respectively (P = 0.85). There was no between-group difference in left ventricular (LV) ejection fraction on day four and at six months. The site of infarct did not affect CsA efficacy. No acute allergic reactions were seen, or nonsignificant excesses of six-month mortality (5.7 versus 3.2 percent; P = 0.17) or cardiogenic shock (2.4 versus 1.5 percent; P = 0.33).

"In the CYCLE (CYCLosporinE A in Reperfused Acute Myocardial Infarction) trial, a single intravenous CsA bolus just before primary percutaneous coronary intervention had no effect on ST-segment resolution or hs-cTnT, and did not improve clinical outcomes or LV remodeling up to six months," the authors write.

One author disclosed financial ties to the pharmaceutical and medical device industries. The CYCLE trial was partially funded by Novartis Italy. Reagents for measuring hs-cTnT were provided by Roche Diagnostics.

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