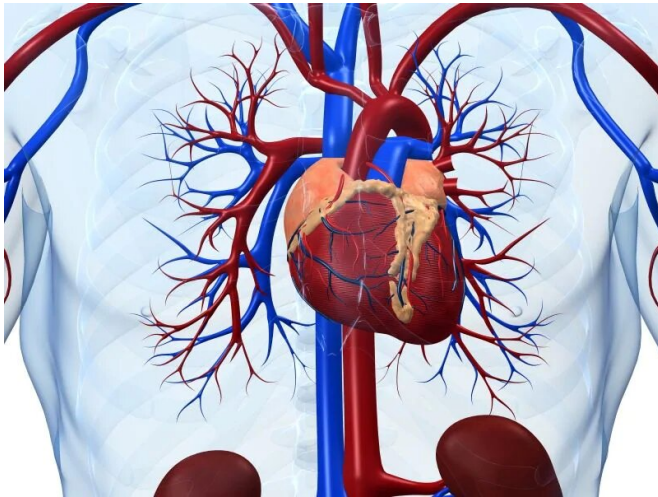


Best practices developed for diagnosing, managing MINOCA

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performed to confirm the diagnosis of MINOCA, including cardiac magnetic resonance imaging. Management strategies for MINOCA should include emergency supportive care, a working diagnosis approach for evaluation of patients, cardioprotective therapies, and cause-targeted therapies. The optimal evaluation should determine the specific cause for each patient so that therapies can be targeted.

"Although our proposed algorithm attempts to improve the appropriate identification of patients with MINOCA and the underlying cause, the evaluations outlined here are neither sensitive nor specific, and until more data become available, clinical judgment and individualized care are essential," the authors write.

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

(HealthDay)—In an American Heart Association scientific statement published online March 27 in *Circulation*, best practices are presented for diagnostic evaluation and management of myocardial infarction in the absence of obstructive coronary artery disease (MINOCA).

More information: [Abstract/Full Text](#) ([subscription or payment may be required](#))

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Jacqueline E. Tamis-Holland, M.D., from Mount Sinai St. Luke's Hospital in New York City, and colleagues provided an updated definition for MINOCA and developed a framework and algorithms for its [diagnostic evaluation](#) and management.

The authors recommend a three-step approach for diagnosis of MINOCA. The initial evaluation involves consideration of the clinical context and exclusion of overt causes for a myocardial infarction that led to diagnosis of acute [myocardial infarction](#) but on further review was not the result of an ischemic event. Clinicians should then exclude alternative conditions, including missed obstruction and myocardial injury. Additional testing should be

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