

# Predictors of Mortality After Percutaneous Coronary Intervention in Patients With Acute Myocardial Infarction

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We read with interest the article entitled “Contrast-Induced Nephropathy and Long-Term Mortality After Percutaneous Coronary Intervention in Patients With Acute Myocardial Infarction” by Sun et al.<sup>1</sup>


The authors investigated the association between contrast-induced nephropathy (CIN) and mortality in patients with acute myocardial infarction (AMI) but they did not mention about subgroups such as ongoing ST-segment elevation myocardial infarction (STEMI), ongoing non-STEMI, and stabilized AMI. Recently, de Mulder et al<sup>2</sup> have proposed a new risk stratification flowchart for predicting poor outcomes for patients undergoing percutaneous coronary interventions (PCIs). According to this study, stabilized AMI suggests a benign condition, whereas ongoing STEMI and ongoing non-STEMI suggest a serious condition. In addition, we have previously reported that contrast media volume-estimated glomerular filtration rate (CV-e-GFR) ratio was significantly associated with CIN after primary PCI.<sup>3</sup> Did the authors find any association between CV-e-GFR and CIN in patients with STEMI?

Furthermore, the authors did not explain whether patients with severe chronic lung disease were included or excluded. The National Cardiovascular Data Registry for catheterization PCI showed that chronic lung disease was a predictor of long-term mortality following PCI.<sup>4</sup>

Recently, it was reported that statins administered at high dose may be the most effective treatment to reduce the incidence of CIN.<sup>5</sup> Were statins used for prevention in that

study? It would be useful if the authors mention about this treatment.

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## References

1. Sun G, Chen P, Wang K, et al. Contrast-induced nephropathy and long-term mortality after percutaneous coronary intervention in patients with acute myocardial infarction. *Angiology*. 2019;70(7):621-6.
2. de Mulder M, Gitt A, van Domburg R, et al. EuroHeart score for the evaluation of in-hospital mortality in patients undergoing percutaneous coronary intervention. *Eur Heart J*. 2011;32(11):1398-408.
3. Celik O, Ozturk D, Akin F, et al. Association between contrast media volume-glomerular filtration rate ratio and contrast-induced acute kidney injury after primary percutaneous coronary intervention. *Angiology*. 2015;66(6):519-24.
4. Peterson ED, Dai D, DeLong ER, et al; NCDR Registry Participants. Contemporary mortality risk prediction for percutaneous coronary intervention: results from 588,398 procedures in the National Cardiovascular Data Registry. *J Am Coll Cardiol*. 2010;55(18):1923-32.
5. Zhou X, Dai J, Xu X, et al. Comparative efficacy of statins for prevention of contrast-induced acute kidney injury in patients with chronic kidney disease: a network meta-analysis. *Angiology*. 2019;70(4):305-16.

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