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Inflammatory parameters must always be taken into account in ST-segment elevation myocardial infarction

We have read the article "Does SYNTAX score II predict poor myocardial perfusion in ST-segment elevation myocardial infarction?" by Wang et al. [1] with great interest. The authors concluded that high SYNTAX score II is an independent predictor of myocardial blush grade (MBG) 0/1 in patients with ST-segment elevation myocardial infarction (STEMI) undergoing primary percutaneous coronary intervention (pPCI).

There is no doubt that MBG is predictive of outcome in patients with an acute STEMI undergoing pPCI [2]. MBG was also an independent predictor of mortality even after adjusting for the presence of Thrombolysis in Myocardial Infarction (TIMI) flow grade 3, the corrected TIMI frame count, and other clinical parameters [2]. Recently it has been shown that the neutrophil to lymphocyte ratio was associated with impaired myocardial perfusion and adverse long-term outcome in patients with STEMI undergoing pPCI [3].

SYNTAX score II consisted of two anatomical (SYNTAX score and unprotected left main coronary artery disease) and six clinical variables (age, creatinine clearance, left ventricular ejection fraction, sex, chronic obstructive pulmonary disease, and peripheral vascular disease) [4]. Therefore, we are convinced that if inflammatory parameters were regarded as a covariate in addition to SYNTAX score II variables, the study could completely reflect the effect of SYNTAX score II on myocardial perfusion in STEMI.

Conflict of interest: None declared

References

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