

## Risk Scores and Acute Coronary Syndrome

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Dear Editor,

Our study group on coronary diseases would like to congratulate the authors for the original article publication in this journal (Arq. Bras. Cardiol. 2009; 93(4): 343-351)<sup>1</sup>,

### Keywords

Acute coronary syndrome/therapy; diagnostic; prognosis.

presenting a risk score for acute coronary syndrome without ST segment supra-unlevelling

First of all, despite the existence of other risk stratification models, we believe that the new scores are necessary, because they reflect not only the natural history of the disease, but the interaction between this and the moment diagnostic, therapeutic and prognostic capacity. Thus, the risk scores that were good in the past may not be so precise in the future<sup>2-4</sup>.

Finally, as we find it a relevant issue, we would like to know the therapeutic strategies used in such study patients.

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### Reply to the editor

Dear Editor,

The First Aid Clinic of Instituto Dante Pazzanese de Cardiologia corresponds to an emergency section open to care and hospitalization in the most different clinical situations, where patients with acute coronary syndrome (ACS) correspond to almost 40.0% of these hospitalizations<sup>1</sup>. The patient's medical conduct with ACS without ST supra (unstable angina or acute infarction of the myocardium) is based on the recommendations of the national and international guidelines<sup>2,3</sup>.

The population of patients of risk score development Dante Pazzanese<sup>4</sup> receives intensive medication with betablockers (93.0%), acetylsalicylic acid (97.5%), endovenous nitroglycerin (94.3%), antithrombinics (84.3%), thienopyridinics (89.5%), angiotensin converter enzyme inhibitor (84.1%) and statins (94.4%). All medications were started in the hospitalization.

The indication of cinecoronariography was based on the presence of independent variables for the adverse event risks, such as: clinical history data, acute ischemic changes of the electrocardiogram or increase of the myocardial necrosis markers. The cinecoronariography was requested in the first 48 hours after the hospitalization and was performed in 734 patients (71.5%).

The myocardial revascularization (MR) procedure, percutaneous coronary intervention (PCI) or surgery, was indicated in 417 patients (40.6%) of the global population [PCI 276 patients (26.9%); MR surgery 141 patients (13.7%)].

Analyzing only the patients who underwent the cinecoronariography, the MR procedure indication occurred in 373 patients (50.8%), where the PCI indication occurred in 259 (35.3%) and surgery in 114 (15.5%).

## References

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