A 20-Year- Female with Impending Foot Gangrene

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This case demonstrated the importance of cooperation between laboratory physicians and clinicians to prevent delayed diagnosis. The patient was highly suspected of SLE but the ANA assays were negative twice. So the diagnosis could not be made because the patient fulfilled only three criteria. Actually, after getting the ANA negative result the first time, the clinician should have immediately contacted the laboratory physician to identify the reason for the discrepancy, since SLE with ANA negative is rare. After the consultation, the other technique for ANA assay was performed. If the lab had not received enough clinical information, we would not have been able to repeat the test with the other technique.

Low Molecular Weight Heparin and Percutaneous Coronary Intervention in Acute Coronary Syndrome

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Percutaneous coronary intervention (PCI) has been increasingly used as the treatment of patients with acute coronary syndrome. Primary PCI is a standard treatment in patients with acute ST-elevation myocardial infarction. Many studies have shown that it has advantages over fibrinolytic therapy in the reduction of short-term death, non-fatal reinfarction, total stroke and the combined endpoints. During long-term follow-up the results seen with primary PCI remained better than those seen with thrombolytic therapy. However, several hospitals are not capable of performing PCI or have time delay to get access to PCI. In these cases, fibrinolytic therapy is still needed. Unstable angina and non-ST-elevation myocardial infarction share a similar pathophysiology and therefore they were considered in the same category as non-ST-elevation acute coronary syndrome. In this group, antithrombotic therapy plays a major role. PCI should also be considered in those with high risk features. Antiplatelet agents should be given as soon as possible in all patients with acute coronary syndrome.

Tresukolsil et al reported in this issue a randomized study of nadroparin, a low molecular weight heparin, and PCI in elderly patients with unstable angina. Number of patients in each group was 23 which is relatively small and is a major limited factor for statistical comparison.

Enoxaparin should be a more proper low molecular weight heparin than nadroparin since evidence from previous clinical trials suggested that enoxaparin but not nadroparin is better than unfractionated heparin in patients with non-ST-elevation acute coronary syndrome. Primary endpoints were composite endpoint of death MI and recurrent angina during admission. They reported significant difference in primary endpoint in favor of PCI. However, the significant difference was driven mainly by recurrent angina without any difference in death or MI. This is not surprising and consistent with other previous reports. Much bigger sample size is needed to find any differences in death or MI. Although elderly population have an increased risk both by the disease itself and by procedure related risk, PCI has been shown to be more beneficial than conservative strategy. Moreover, with the current PCI technology including drug eluting stent, the finding will probably be more obvious.

There have been many studies on the comparison of conservative and invasive strategies in the treatment of patients with non-ST-elevation acute coronary syndrome in the randomized fashion. Mehta et al nicely performed meta-analysis on these trials and summarized that a routine invasive strategy exceeded a selective invasive strategy in reducing myocardial infarction, severe angina...