Response to Letter by Calvet et al Regarding Article, “Prevalence of Coronary Atherosclerosis in Patients With Cerebral Infarction”

Response:

We agree that the jury is still out regarding the benefits of routine revascularization compared with optimal medical therapy alone in patients with severe coronary artery disease as defined by triple-vessel disease or left main coronary artery disease. It is important to note that most of the studies suggesting some benefit of routine revascularization are rather old and antedate the advent of modern medical therapy using potent antiplatelet agents, statins, and renin–angiotensin system antagonists. More importantly, the ultimate proof of the benefit of a screening strategy for detection of advanced coronary artery disease in patients with stroke does not come solely from the demonstration of the ability to identify such patients, but from the demonstration that a strategy involving screening and changes in therapy such as revascularization and increased medical therapy would be superior to a strategy of routine secondary prevention post-stroke. Such a trial remains to be conducted.

Finally, the suggestion by Calvet et al1 to analyze the Acute Myocardial Infarction STudy of ADenosine (AMISTAD) cohort to examine the ability of noninvasive criteria to identify patients with advanced coronary artery disease (left main or triple vessel disease) is important and further analyses from AMISTAD are forthcoming. They may, however, be limited by the relatively small number of such patients in AMISTAD.

Disclosures

None.

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