Silent Myocardial Ischemia: A Challenge in Management

Dear Editor,

We have greatly enjoyed reading the article by Giglioli, et al.1 entitled “Cryptogenic Myocardial Infarction in Young Patients: Which is the Optimal Diagnostic and Therapeutic Management?”, which was published in the previous issue of Archives of Iranian Medicine. The authors1 presented a case of young male patient with a previous cryptogenic myocardial infarction (MI) and multiple embolic small renal infarctions. Although the current case is well-presented, and we commend the authors for the excellent management, some comments may be of interest.

Silent myocardial ischemia (SMI) is an asymptomatic coronary syndrome without a history of infarction, and is associated with a higher risk of cardiovascular events.2,3 SMI is usually detected incidentally during routine controls. Although there is a high prevalence in elderly female patients, routine screening is not recommended during routine controls. Therefore, there is a high prevalence in elderly female patients, routine screening is not recommended.3

As in this current case, there was no clear evidence about the association between multiple systemic embolization and MI.4 However, even the authors have discussed the necessity of TEE in patients with a previous cryptogenic myocardial infarction especially in young patients.5,6

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We are very pleased that our work “Cryptogenic Myocardial Infarction in Young Patients: Which is the Optimal Diagnostic and Therapeutic Management?” published in Archives of Iranian Medicine (2013; 16: 308 – 311), has aroused interest and further reflections about the diagnostic and therapeutic management of cryptogenic myocardial infarction especially in young patients. With regard to the considerations expressed in your Letter to the Editor, we wanted to remark that the transesophageal echocardiography can be also useful for excluding the presence of intracardiac shunts like the presence of a patent foramen ovale as possible source of paradoxical embolism, as we reported in page 310, line 45 – 50.

Author’s Reply
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