



What to do with a broken heart

This peri-Valentine's day issue of the *Journal* serendipitously contains several papers that discuss ways to recognize and fix a broken heart.

On page 122, Dr. Michael Lauer introduces a series on coronary testing. Future articles in this case-based series will emphasize that a patient's personal characteristics and the reason for obtaining the test should influence the physician's choice of test and his or her response to the results. Given any abnormal test result, we are sorely tempted to try to fix the problem, but sometimes a reflective moment is the best initial response.

On page 129, Drs. Mark Rabbat, Anthony Bavry, Deepak Bhatt, and Stephen Ellis give their perspective on the controversy surrounding late thrombosis in drug-eluting stents. Coating stents with drugs that slowly leach into the diseased coronary vessel wall to prevent proliferation of cells that may occlude the vessel seemed like another triumph of applied biology. Drug-eluting stents strikingly reduced the frequency of restenosis observed with bare metal stents. However, in rare cases clots formed within the stents, often with disastrous outcomes especially if the required antiplatelet therapy had been stopped. Alternatively, if dual-drug antiplatelet therapy was continued during surgery, bleeding was a very real concern. New analyses, as reviewed by a US Food and Drug Administration panel, suggest that antiplatelet therapy needs to be continued long after placement of a drug-eluting stent—another example of the limitations of short-term efficacy trials for predicting device or drug safety.

On page 137, Dr. Richard Krasuski discusses atrial septal defect (ASD) and patent foramen ovale (PFO), which in many cases can now be repaired with intravascular devices. The epidemiologic data are striking: many young patients with a cryptogenic stroke have a PFO, as do many patients with migraine. But will correcting the PFO reduce the risk of recurrent stroke or the frequency of headaches? Given the stent experience, we should probably give these devices a longer look before we take them to heart.

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