

PCI can be considered for noninfarct artery in STEMI

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(HealthDay)—For select patients with ST-segment elevation myocardial infarction (STEMI) with multivessel disease undergoing percutaneous coronary intervention (PCI), PCI in the noninfarct artery should be considered, according to new guidelines published online Oct. 21 in the *Journal of the American College of Cardiology*.

Glenn N. Levine, M.D., from the Baylor College of Medicine in Houston, and colleagues updated existing clinical practice guideline recommendations and added new recommendations on PCI for patients with STEMI.

Noting that about 50 percent of patients with STEMI have multivessel disease, the authors modified and upgraded the 2013 class III recommendation against PCI in a noninfarct artery at the time of

primary PCI to a class IIB recommendation, in support of considering PCI in a noninfarct artery in select patients who are hemodynamically stable. Multivessel PCI should not be accepted as routine practice in [patients](#) with STEMI and multivessel disease; rather, physicians should integrate clinical data, lesion severity/complexity, and risk of contrast nephropathy to determine the optimal strategy when considering multivessel PCI. In addition, the authors modified the recommendation from IIa to IIB for selective and bailout aspiration thrombectomy before PCI, as the usefulness is not well established. The new recommendation established that there was no benefit for routine aspiration thrombectomy before primary PCI.

"This document is intended to provide a timely update based on new evidence to assist clinical decision making," Levine said in a statement.

Several members of the writing committees and reviewers disclosed financial ties to the pharmaceutical and medical device industries.

More information: [Full Text \(subscription or payment may be required\)](#)

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