

Treatment strategies in ST-segment elevation acute coronary syndrome in Tierra del Fuego, Argentina. TDF STEACS Registry.

To the Director

I have read with great interest the article "Treatment strategies in acute coronary syndrome with ST segment elevation in Tierra del Fuego, Argentina. TDF STEACS Registry" (1)

Congratulations to the authors on taking profit of the special situation of Tierra del Fuego to achieve very important information.

Compared to other registries, (2, 3) the low incidence of infarctions is remarkable, which according to the authors, obeys to the younger age of the population. In that sense, it should be pointed out that the population hospitalized with infarction in Tierra del Fuego is 8 years younger than that hospitalized with the same diagnosis in Coronel Suárez.

However, as a result of the low number of patients, it would be advisable to continue this registry during a longer period of time.

It would also be beneficial to include all patients up to 24-36 hours of pain onset, in order to standardize the results with similar registries.

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REFERENCES

1. Berenstein CD, Risoglio N, Aliano F, Grané I, Di Nunzio M, Maltés R. Estrategias de tratamiento en el síndrome coronario agudo con elevación del segmento ST en la provincia de Tierra del Fuego, República Argentina. Registro SCACEST TDF. *Rev Argent Cardiol* 2014;82:232-6. <http://doi.org/vpx>
2. Widimsky P, Wijns W, Fajadet J, de Belder M, Knot J, Aaberge L, et al. Reperfusion therapy for ST elevation acute myocardial infarction in Europe: description of the current situation in 30 countries. *Eur Heart J* 2010;31:943-57. <http://doi.org/d4fhcp>
3. Caccavo A, Álvarez A, Bello FH, Ferrari AE, Carrique AM, Lasdica

SA y cols. Incidencia poblacional del infarto con elevación del ST o bloqueo de rama izquierda a lo largo de 11 años en una comunidad de la provincia de Buenos Aires. *Rev Argent Cardiol* 2007;75:185-8.

Authors' Reply

Dear Dr Caccavo, acknowledging your research group as pioneer on the subject, we are very grateful for your comment on our work. Regarding the dissimilar incidence between our registries, it is surely related to the difference in age of the two studied populations and the time after symptom onset: in our Tierra del Fuego work, the inclusion criteria considered up to 12 hours since onset of symptoms, whereas in the Coronel Suárez registry this was up to 24 hours. (1, 2). In our case, the aim was to assess the strategies we were adopting with patients in the time window to undergo reperfusion therapy, with the added benefit of being a prospective study. Although we did not continue permanently with the registry, our purpose is to join the Argentine Society of Cardiology initiatives, to assess the evolution of this pathology in our region.

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REFERENCES

1. Berenstein CD, Risoglio N, Aliano F, Grané I, Di Nunzio M, Maltés R. Estrategias de tratamiento en el síndrome coronario agudo con elevación del segmento ST en la provincia de Tierra del Fuego, República Argentina. Registro SCACEST TDF. *Rev Argent Cardiol* 2014;82:232-6. <http://doi.org/vpx>
2. Caccavo A, Álvarez A, Bello FH, Ferrari AE, Carrique AM, Lasdica SA y cols. Incidencia poblacional del infarto con elevación del ST o bloqueo de rama izquierda a lo largo de 11 años en una comunidad de la provincia de Buenos Aires. *Rev Argent Cardiol* 2007;75:185-8.

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