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IN BRIEF

ACUTE CORONARY SYNDROMES

Routine thrombus aspiration before PCI in patients with STEMI not to TASTE

Researchers designed the TASTE trial to investigate whether routine thrombus aspiration before percutaneous coronary intervention (PCI) for ST-segment elevation myocardial infarction (STEMI) reduced mortality and adverse events. The investigators enrolled 7,244 patients and have previously reported that thrombus aspiration before PCI did not reduce 30-day all-cause mortality compared with those who underwent PCI only. The 1-year follow-up data have now been presented at the ESC Congress 2014, and show no difference between the two groups in all-cause mortality or in the composite end point of all-cause mortality, rehospitalization for myocardial infarction, and stent thrombosis (8.0% with thrombus aspiration versus 8.5% with PCI only; HR 0.94, 95% CI 0.80–1.11, $P=0.48$).

Original article Lagerqvist, B. *et al.* Outcomes 1 year after thrombus aspiration for myocardial infarction. *N. Engl. J. Med.* doi:10.1056/NEJMoa1405707

PERICARDITIS

Neither glucocorticoid therapy nor immunotherapy improves outcomes in patients with tuberculous pericarditis

Tuberculous pericarditis is associated with high mortality in parts of Africa and Asia, particularly in patients with concomitant HIV infection. Therefore, the IMPI trial ($n=1,400$) was designed to determine whether the addition of either prednisolone (6 weeks) or *Mycobacterium indicus pranii* immunotherapy (3 months) to standard antituberculosis therapy improved outcomes. The results, presented at the ESC Congress 2014, show that neither adjunctive therapy had a significant effect on the primary composite outcome of death, cardiac tamponade requiring pericardiocentesis, and constrictive pericarditis. Conversely, both treatments were associated with an increased incidence of cancer, particularly HIV-related cancer.

Original article Mayosi, B. M. *et al.* Prednisolone and *Mycobacterium indicus pranii* in tuberculous pericarditis. *N. Engl. J. Med.* doi:10.1056/NEJMoa1407380

ACUTE CORONARY SYNDROMES

Pharmacotherapy to limit reperfusion injury after STEMI fails to reduce infarct size

Restoration of circulation to ischaemic tissue after percutaneous coronary intervention (PCI) for ST-segment elevation myocardial infarction (STEMI) can, paradoxically, increase infarct size owing to a phenomenon known as reperfusion injury. Opening of the mitochondrial permeability transition pore is thought to be involved in the mechanism of reperfusion injury, and can be inhibited using TRO40303. In the phase II MITOCARE study, investigators randomly allocated 163 patients with STEMI to receive an intravenous bolus injection of either TRO40303 or placebo before balloon inflation during PCI. Data presented at the ESC Congress 2014 show that the primary end point of infarct size (measured by creatine kinase and troponin I) at 3 days did not differ significantly between the two groups. Similarly, no significant difference was observed in myocardial salvage and infarct size assessed using cardiac MRI.

Original article Atar, D. *et al.* Effect of intravenous TRO40303 as an adjunct to primary percutaneous coronary intervention for acute ST-elevation myocardial infarction: MITOCARE study results. *Eur. Heart J.* doi:10.1093/eurheartj/ehu331