sac pressure and diameter over time. An ultrasound-activated remote pressure transducer was implanted into 21 patients who underwent endovascular aneurysm repair of an infrarenal AAA. At regular follow-up visits, sac pressure was measured by remote sensor and compared with the patient's systemic arterial pressure. Aneurysms were defined as shrinking if the maximum sac diameter decreased by ≥ 5 mm.

Among 14 patients followed up for at least 6 months for whom sac pressure measurements could be obtained, 7 individuals had shrinking aneurysms and marked reductions in sac pressure. As only one transducer could be implanted in each patient, the authors point out that the sac pressure measurements might have been affected by compartmentalization. Modifications of the deployment technique are planned to improve the reliability of long-term pressure monitoring.

Claire Braybrook

Original article Ellozy SH *et al.* (2006) Abdominal aortic aneurysm sac shrinkage after endovascular aneurysm repair: correlation with chronic sac pressure measurement. *J Vasc Surg* 43: 2–7

Dyslipidemia prevalence, treatment and control in a multiethnic population

Treating dyslipidemia can lower the risk of coronary heart disease. The National Cholesterol Education Program's third report of the Adult Treatment Panel (ATP III) makes recommendations to health-care professionals regarding the diagnosis and treatment of dyslipidemia. The Multi-Ethnic Study of Atherosclerosis (MESA) investigated the prevalence and treatment of dyslipidemia in a cohort of healthy individuals to assess the challenges facing implementation of these guidelines.

In this study, 6,814 individuals without clinical cardiovascular disease (mean age 62.0 years) completed an initial physical examination. The prevalence of dyslipidemia, as defined by ATP III, was 29.3% overall. Dyslipidemia prevalence was similar among non-Hispanic white, black and Hispanic participants, but less prevalent in Chinese individuals. Overall, 54.0% of patients with dyslipidemia were receiving lipid-lowering treatment. Dyslipidemia was more prevalent in older age-groups than in younger age-groups and approximately 30% more common in men

than in women. Men with dyslipidemia were about 20% less likely to receive treatment than women with the condition, and 30% less likely to have their dyslipidemia controlled. Control of dyslipidemia was less common in individuals at high and intermediate risk of cardiovascular disease than in low-risk individuals.

Dyslipidemia, as defined by ATP III, is common in individuals without known clinical cardiovascular disease, but treatment and control are suboptimal, particularly in those at higher risk of cardiovascular disease. Further research is needed to improve the treatment and control of this condition, and to eliminate any disparities between different patient groups.

Rebecca Ireland

Original article Goff DC Jr *et al.* (2006) Dyslipidemia prevalence, treatment, and control in the Multi-Ethnic Study of Atherosclerosis (MESA): gender, ethnicity, and coronary artery calcium. *Circulation* 113: 647–656

Percutaneous retrograde transarterial aortic valve implantation successful

Percutaneous retrograde transarterial aortic valve implantation via the femoral artery is successful in selected high-risk patients with symptomatic aortic stenosis, according to a recent study published in *Circulation*. This technique offers an alternative to the antegrade transvenous approach, which has been associated with technical difficulties and high risk.

Webb *et al.* attempted percutaneous valve implantation in 18 patients (aged 75–87 years) who were poor candidates for surgery because of comorbidities. The equipment and techniques were designed specifically for a transarterial approach to prosthetic valve implantation, including a Cribier-Edwards® valve (Edwards Lifesciences, Irvine, CA), a 22 F/24 F sheath, which was advanced from the femoral artery to the aorta, and a deflectable guiding catheter and rapid right ventricular pacing to facilitate deployment of the prosthesis. Results were consequently better than those achieved by some previous studies, with implantation being successful in 14 of 18 patients. Aortic valve area following implantation increased from 0.6 ± 0.2 cm² to 1.6 ± 0.4 cm², and no deaths occurred during the procedure. Two patients died during 73 $\pm$ 49 days' follow-up; one because of iliac perforation and the other most probably from left coronary