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IN BRIEF

INFLAMMATION

Daily colchicine treatment found to be of benefit in patients with acute pericarditis

In a multicentre, double-blind, randomized, controlled trial called ICAP, 240 patients with a first attack of acute pericarditis were randomly assigned to receive colchicine or placebo daily for 3 months, in addition to conventional anti-inflammatory therapy. Over an average follow-up of 22 months, fewer patients in the colchicine group had incessant or recurrent pericarditis than in the control group (16.7% vs 37.5%; relative risk reduction in the colchicine group 0.56, 95% CI 0.30–0.72, $P < 0.001$; number needed to treat 4). Adverse event rates were similar in the two treatment groups, as were rates of study-drug discontinuation. The trial investigators point out that “further research is needed to identify the best duration of colchicine treatment”.

Original article Imazio, M. *et al.* A randomized trial of colchicine for acute pericarditis. *N. Engl. J. Med.* doi:10.1056/NEJMoa1208536

ACUTE CORONARY SYNDROMES

Extended follow-up in IABP-SHOCK II shows no reduction in all-cause mortality with IABP

In the multicentre, open-label, randomized, controlled trial IABP-SHOCK II, the previously reported 30-day data demonstrated no early mortality reduction with intra-aortic balloon pump (IABP) use in patients undergoing early revascularization for myocardial infarction complicated by cardiogenic shock. The 6-month and 12-month follow-up data have now also been reported. Similarly to the 30-day findings, no mortality reduction was found with IABP use at 6 months (48.7% for IABP use vs 49.2% for control group; relative risk 0.99, 95% CI 0.85–1.16, $P = 0.91$) or at 12 months (51.8% for IABP use vs 51.4% for control group; relative risk 1.01, 95% CI 0.86–1.18, $P = 0.91$). These findings contrast with those of other (smaller) studies, which showed reduced mortality only at extended follow-up.

Original article Thiele, H. *et al.* Intra-aortic balloon counterpulsation in acute myocardial infarction complicated by cardiogenic shock (IABP-SHOCK II): final 12 month results of a randomised, open-label trial. *Lancet* doi:10.1016/S0140-6736(13)61783-3

VASCULAR DISEASE

Aortic root dilatation reduced with losartan use in patients with Marfan syndrome

In an open-label, multicenter trial involving 233 patients with Marfan syndrome randomly assigned to receive either losartan or no further treatment, losartan was associated with a significantly reduced rate of aortic root dilatation over approximately 3 years (0.77 ± 1.36 mm vs 1.35 ± 1.55 mm in controls; $P = 0.014$). No losartan-associated differences were observed for dilatation of the ascending aorta, aortic arch, or descending aorta in the overall study population. Aortic volume did not significantly differ between the two treatment groups, nor did rates of prophylactic aortic root surgery, distal aortic surgical intervention, type B aortic dissection, or cardiovascular death (the last of which occurred in no patients).

Original article Groenink, M. *et al.* Losartan reduces aortic dilatation rate in adults with Marfan syndrome: a randomized controlled trial. *Eur. Heart J.* doi:10.1093/eurheartj/eh334