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IN BRIEF

ACUTE CORONARY SYNDROMES

Increased risk of acute MI in HIV-positive patients

HIV infection is associated with increased risk of acute myocardial infarction (HR 1.48, 95% CI 1.27–1.72), even in patients achieving HIV-1 RNA levels <500 copies per ml (HR 1.39, 95% CI 1.17–1.66), according to a study published in *JAMA Internal Medicine*. The investigators assessed data for 82,459 individuals who were followed up for a median 5.9 years. Risk estimates were adjusted for Framingham risk factors, comorbidities, and substance use.

Original article Freiberg, M. S. *et al.* HIV infection and the risk of acute myocardial infarction. *JAMA Int. Med.* doi:10.1001/jamainternmed.2013.3728

CARDIOMYOPATHIES

Prognostic value of myocardial fibrosis in patients with DCM

A prospective, longitudinal study has indicated that late gadolinium enhancement CMR imaging for the assessment of midwall fibrosis might be useful in the risk stratification of patients with dilated cardiomyopathy. The investigators compared 142 patients determined to have midwall fibrosis with 330 patients without fibrosis. The presence (HR 2.43, 95% CI 1.50–3.92, $P < 0.001$) and extent (HR 1.11, 95% CI 1.06–1.16, $P < 0.001$) of fibrosis were independently associated with all-cause mortality after adjustment for conventional risk factors, including LVEF.

Original article Gulati, A. *et al.* Association of fibrosis with mortality and sudden cardiac death in patients with nonischemic dilated cardiomyopathy. *JAMA* doi:10.1001/jama.2013.1363

INTERVENTIONAL CARDIOLOGY

Stenting strategies for UPLMCA distal bifurcation lesions

Findings from the DKCRUSH-III trial were presented at the 2013 ACC Scientific Sessions. At 1 year, culotte stenting was associated with more major adverse cardiac events than the double kissing crush strategy (16.3% vs 6.2%, $P = 0.001$) in the 419 enrolled patients with unprotected left main coronary artery distal bifurcation lesions, mainly as a result of increased target vessel revascularization (11.0% vs 4.3%, $P = 0.016$). In-stent restenosis at side branch also occurred more often with the culotte stenting strategy (12.6% vs 6.8%, $P = 0.037$).

Original article Chen, S. L. *et al.* Comparison of double kissing crush versus culotte stenting for unprotected distal left main bifurcation lesions: results from a multicenter, randomized, prospective DKCRUSH-III study. *J. Am. Coll. Cardiol.* doi:10.1016/j.jacc.2013.01.023

HEART FAILURE

An oldie but a goodie for HFREF?

New analysis of data from the randomized, controlled, DIG trial has indicated that digoxin might help to reduce the risk of 30-day all-cause hospital admission in ambulatory, elderly patients with heart failure and reduced ejection fraction. The results were presented at the 2013 ACC Scientific Sessions. Notably, the DIG trial was conducted at a time (the early 1990s) when β -blockers were not yet approved for use in patients with heart failure. The investigators of the new analysis of DIG suggest that future studies should examine the effect of digoxin on 30-day readmission rates.

Original article Bourge, R. C. *et al.* Digoxin reduces 30-day all-cause hospital admission in older patients with chronic systolic heart failure. *Am. J. Med.* doi:10.1016/j.amjmed.2013.02.001