著者別名 | 佐藤 浩昭
---|---
タイトル | Chronic obstructive pulmonary disease affects angiographic presentation and outcomes
取材 | ポーランド内科学雑誌
巻 | 128
号 | 3
ページ | 195
年 | 2018
doi | 10.20452/pamw.4236

This is an Open Access article distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International (CC BY-NC-SA 4.0) License (http://creativecommons.org/licenses/by-nc-sa/4.0/), allowing third parties to copy and redistribute the material in any medium or format and to remix, transform, and build upon the material, provided the original work is properly cited, distributed under the same license, and used for noncommercial purposes only. For commercial use, please contact the journal office at pamw@mp.pl.

URL | http://hdl.handle.net/2241/00153273

Creative Commons: • 表示 □ 非営利 □ 継承

Copyright © University of Tokushima

Tulips R
University of Tokushima
Repository
LETTER TO THE EDITOR

Chronic obstructive pulmonary disease affects angiographic presentation and outcomes

To the Editor We read with interest the study by Januszek et al reporting that chronic obstructive pulmonary disease (COPD) affects the angiographic presentation and outcomes of patients with coronary artery disease treated with percutaneous coronary interventions. We would like to discuss 3 issues.

First, in a multivariate analysis, the authors showed that smoking was one of the predictors of in-stent thrombosis, but they did not reveal whether it was also a predictor of restenosis. Instead, they reported 6 diseases, including COPD, to be predictors of restenosis. We agree with the results of the multivariate analysis; however, it would be interesting to know how the authors evaluated confounding variables between smoking and COPD. If there were no confounders, then it would be interesting to know what mechanism of COPD is associated with predicting restenosis. Does COPD itself cause blood vessel damage? Are sarcopenia and a reduction in muscle mass in patients with COPD associated with restenosis?

Second, the authors cited an article by Alessandri et al and described that COPD itself was considered to be a prothrombotic state. According to Alessandri et al, patients with COPD have an ongoing prothrombotic state, which could potentially explain the development of thrombosis in pulmonary vessels. It would be interesting to know if Januszek et al consider cardiovascular and pulmonary blood vessels to be the same.

Third, the authors cited an article by Enriquez et al and reported that patients with COPD were significantly less likely to receive β-blockers, aspirin, and statins at discharge after percutaneous coronary intervention. They concluded that special care in terms of the treatment of COPD is needed, which may improve long-term outcomes after PCI. It would be interesting to know if by “special care” the authors mean a more frequent administration of the drugs.

Author names and affiliations Tomohiro Tamura, Eiji Ojima, Hajime Osawa, Hiroaki Satoh (TT, HO, HS: Division of Respiratory Medicine, Mito Medical Center, University of Tsukuba, Mito, Japan; EO: Division of Cardiology, Mito Medical Center, University of Tsukuba, Mito, Japan)
We also observed\(^1\) that smokers with COPD more often than non-smokers tend to discontinue the use of bronchodilators and return to them only in case of COPD exacerbation. Special care means, at least, a longer follow-up and more frequent visits. Moreover, patients should be encouraged to undergo regular pulmonary checkups and to stop smoking if they have not done so already.

**Author names and affiliations**  
Rafał Januszek, MD, PhD,  
II Oddział Kliniczny Kardiologii oraz Interwencji Sercowo-Naczyniowych, Szpital Uniwersytecki, ul. Kopernika 17, 31-501 Kraków, Poland; AD, AR, SB: 2nd Department of Cardiology, Jagiellonian University Medical College, Kraków, Poland; AD, AR, SB: 2nd Department of Cardiology, Jagiellonian University Medical College, Kraków, Poland)

**Corresponding author**  
Rafał Januszek, MD, PhD,  
II Oddział Kliniczny Kardiologii oraz Interwencji Sercowo-Naczyniowych, Szpital Uniwersytecki, ul. Kopernika 17, 31-501 Kraków, Poland, phone: +48 12 424 71 70, email: jaanraf@interia.pl

**Conflict of interest**  
The authors declare no conflict of interest.

**How to cite**  
Januszek R, Siudak Z, Dziewierz A, et al. Chronic obstructive pulmonary disease affects angiographic presentation and outcomes. Authors’ reply. Pol Arch Intern Med. 2018; 128: 195‑196. doi:10.20452/pamw.4237.

**REFERENCES**

1. Barnes PJ, Shapiro SD, Pauwels RA. Chronic obstructive pulmonary disease: molecular and cellular mechanisms. Eur Respir J. 2003; 22: 672‑688.  
2. Byun MK, Cho EN, Chang J, et al. Sarcopenia correlates with systemic inflammation in COPD. Int J Chron Obstruct Pulmon Dis. 2017; 12: 669-675.  
3. Mejza F, Lamprecht B, Niżankowska-Mogilnicka E, Undas A. Arterial and venous thromboembolism in chronic obstructive pulmonary disease: from pathogenic mechanisms to prevention and treatment. Pneumonol Alergol Pols. 2015; 83: 485‑494.  
4. Macley JD, McAllister DA, Johnston S, et al. Increased platelet activation in patients with stable and acute exacerbation of COPD. Thorax. 2011; 66: 769‑774.  
5. Christie DJ, Kotte-Marchant K, Gorman RT. Hypersensitivity of platelets to adenosine diphosphate in patients with stable cardiovascular disease predicts major adverse events despite antiplatelet therapy. Platelets. 2008; 19: 104‑110.  
6. Gianetti J, Panis MS, Sbrana S, et al. Platelet activation predicts recurrent ischemic events after percutaneous coronary angioplasty: a 6 months prospective study. Thromb Res. 2006; 118: 487‑493.  
7. Dziewierz A, Siudak Z, Rakowski T, et al. Relationship between chronic obstructive pulmonary disease and in-hospital management and outcomes in patients with acute myocardial infarction. Kardiol Pol. 2010; 68: 294‑301.

**OPEN ACCESS**  
This is an Open Access article distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International (CC BY-NC-SA 4.0) License (http://creativecommons.org/licenses/by-nc-sa/4.0/), allowing third parties to copy and redistribute the material in any medium or format and to remix, transform, and build upon the material, provided the original work is properly cited, distributed under the same license, and used for non-commercial purposes only. For commercial use, please contact the journal office at pamw@mp.pl.