



## Our expert highlights the most important research articles across the spectrum of topics relevant to the field of clinical practice

Lagerqvist B, Fröbert O, Olivecrona GK *et al.* Outcomes 1 year after thrombus aspiration for myocardial infarction. *N. Engl. J. Med.* 71(12), 1111–1120 (2014).

It has yet to be determined whether short-term mortality can be reduced in patients with ST-segment elevation myocardial infarction by performing routine intracoronary thrombus aspiration before primary percutaneous coronary intervention (PCI). In this registry-based, randomized clinical trial, 7244 ST-segment elevation myocardial infarction patients were randomly assigned to undergo manual thrombus aspiration followed by PCI or PCI alone. It was observed that the composite of death from any cause, rehospitalization for myocardial infarction, or stent thrombosis occurred in 8.0% of the thrombus-aspiration group and 8.5% of the patients in the PCI-only group (hazard ratio: 0.94; 95% CI: 0.80–1.11;  $p = 0.48$ ). Therefore, it was concluded that there was no benefit of thrombus aspiration as an adjunct to PCI across all outcomes.

Bowen AC, Tong SY, Andrews RM *et al.* Short-course oral co-trimoxazole versus intramuscular benzathine benzylpenicillin for impetigo in a highly endemic region: an open-label, randomised, controlled, non-inferiority trial. *Lancet* doi:10.1016/S0140-6736(14)60841-2 (2014) (Epub ahead of print).

Impetigo affects millions of children worldwide, however, there is a major burden of disease developing and tropical settings where there are high rates of antimicrobial resistance. Currently, data are lacking for

systemic antibiotics for extensive impetigo. In this randomized, controlled, noninferiority trial, 508 children (aged 3 months to 13 years) were randomly assigned to receive benzathine benzylpenicillin, twice-daily co-trimoxazole for 3 days, or once-daily co-trimoxazole for 5 days. Overall, treatment was successful in patients who received benzathine benzylpenicillin and pooled co-trimoxazole ( $n = 133$  and  $n = 283$ , respectively), demonstrating noninferiority of co-trimoxazole (10% margin). Therefore, short-course co-trimoxazole is a noninferior, alternative treatment to benzathine benzylpenicillin for impetigo.

Fox K, Ford I, Steg PG *et al.* Ivabradine in stable coronary artery disease without clinical heart failure. *N. Engl. J. Med.* 371(12), 1091–1099 (2014).

Cardiovascular risk can be indicated by an elevated heart rate and ivabradine, a heart rate-reducing agent, could possibly improve outcomes in patients with stable coronary artery disease but no evidence of clinical heart failure. In total, 19,102 patients we recruited to this randomized, double-blind, placebo-controlled trial and were randomly assigned to placebo or ivabradine. At 3 months follow-up, the placebo group had a mean ( $\pm$  standard deviation) heart rate of  $70.6 \pm 10.1$ , whereas the ivabradine group had a mean heart rate of  $60.7 \pm 9.0$ . However, at a median follow-up of 27.8 months there was no significant difference between the two groups. Therefore, adding ivabradine to guideline-recommended medical therapy did not improve the outcome in patients who had stable coronary artery disease without clinical heart failure.

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**Financial & competing interests disclosure**

N Leeson is a full-time employee of Future Medicine Ltd. The authors have no other relevant affiliations or financial involvement with any organization or entity with a financial interest

in or financial conflict with the subject matter or materials discussed in the manuscript apart from those disclosed.

No writing assistance was utilized in the production of this manuscript.