
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.


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.


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 were 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 (± standard deviation) heart rate of 70.6 ± 10.1, whereas the ivabradine group had a mean heart rate of 60.7 ± 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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