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Optimization of care for ST-elevation myocardial infarction

1. Culprit location predicts the risk of out-of-hospital cardiac arrest during ST-elevation myocardial infarction, and drives the prognosis of patients through the association with cardiogenic shock and success of reperfusion. (*this thesis*)
2. A recent cancer diagnosis is a strong predictor of early cardiac mortality after ST-elevation myocardial infarction treated with primary percutaneous coronary intervention. (*this thesis*)
3. The second-generation everolimus-eluting stents appear to be more efficacious than Endeavor zotarolimus-eluting stents for the treatment of ST-elevation myocardial infarction up to 3-year follow-up. (*this thesis*)
4. Everolimus-eluting stents are non inferior to the first-generation sirolimus-eluting stents in patients with acute myocardial infarction. (*this thesis*)
5. It is important to identify patients at high risk of further events after reperfusion treatment, and hopefully to intervene in order to prevent these events. (*ESC STEMI guidelines, Eur Heart J 2012;33:2569-2619.*)
6. The acceptance of drug-eluting stents has followed the same course as all newly introduced techniques, with the initial period of overblown enthusiasm quickly followed by a period of intellectual reproach. (*Serruys et al., N Engl J Med 2006;354:483-95.*)
7. All efforts should be made to shorten ischemic time as much as possible to achieve better myocardial perfusion and salvage in primary angioplasty for ST-elevation myocardial infarction. (*De Luca et al., Eur Heart J 2004;25:1009-1013.*)
8. Despite all of the theoretic and practical considerations provided for selecting a particular stent to treat a specific lesion, the individual experience and confidence of the operator are paramount. (*Colombo et al., J Am Coll Cardiol 2002;40:1021-33.*)
9. Prediction is very difficult, especially if it's about the future. (*Niels Bohr, 1885-1962*)
10. Pole pole ndio mwendo. (*Slow slow is the way to go, Swahili proverb*)