Response: Association between acute myocardial infarction-to-cardiac rupture time and in-hospital mortality risk—a retrospective analysis of multicenter registry data from the Cardiovascular Research Consortium-8 Universities (CIRC-8U)

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The authors' reply,

We thank you for your interest in our study. We agree that patients with a blowout type of rupture tended to have a higher in-hospital mortality rate compared to oozing type. Our registry previously reported similar results that blowout type of rupture was associated with a higher risk of in-hospital death [1]. Regarding the possibility to make an association between the type of rupture and the AMI-to-cardiac rupture time, blowout rupture can occur 48 h after the onset of AMI. Therefore, we believe that the blowout rupture is not reasonable based on AMI-to-cardiac rupture time < 24 h only. We agree with your point about the use of mechanical support, such as intra-aortic balloon pumps and external life support, being an important issue to consider because of potential positive impact. Our registry data similarly showed a positive trend for mechanical support on survival [1].

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Declarations

Conflict of interest The authors declare that they have no conflict of interest.

Reference

1. Koeda Y, Itoh T, Ishikawa Y, Morino Y, Mizutani T, Ako J, Nakano M, Yoshioka K, Ikari Y, Inami S, Sakuma M, Taguchi I, Ishikawa T, Sugimura H, Sugi K, Matsumoto K, Mitarai T, Kunishima T, Akashi YJ, Nomura T, Fukushi K, Yoshino H, Cardiovascular Research Consortium-8 Universities (CIRC-8U) (2020) A multicenter study on the clinical characteristics and risk factors of in-hospital mortality in patients with mechanical complications following acute myocardial infarction. *Heart Vessels* 35(8):1060–1069

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