**Non ST-elevation Myocardial Infarction (NSTEMI) patients with total coronary artery occlusion: more than meets the eye**

Dimitrios Tziakas MD PhD1, George Chalikias MD PhD1, Rasha Al-Lamee MB BS PhD MRCP2, Juan Carlos Kaski DSc MD FRCP3

1. Cardiology Department, Medical School, Democritus University of Thrace, Alexandroupolis, Greece
2. National Heart and Lung Institute, Imperial College London, UK

3. Molecular and Clinical Sciences Research Institute, St George’s, University of London, London, UK

*All authors take responsibility for all aspects of the reliability and freedom from bias of the data presented and their discussed interpretation*

**Corresponding author:**

Dimitrios N. Tziakas, MD, PhD

Cardiology Department, Medical School, Democritus University of Thrace, Dragana, 68100 Alexandroupolis, Greece

Fax number: +30 25513 53245, Telephone number : +30 25513 53205 (office)

e-mail: [dtziakas@med.duth.gr](mailto:dtziakas@med.duth.gr)

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We fully agree that there is a need for a paradigm shift in the management of non-ST elevation myocardial infarction (NSTEMI) patients as ST-elevation alone on the electrocardiogram (ECG) is a poor surrogate for total coronary occlusion. Although defined criteria exist for the accurate diagnosis and timely referral of ST-elevation (STEMI) patients for revascularization, [1] these criteria fail to identify NSTEMI patients in whom total coronary occlusion is the underlying cause for MI. As a result, patients who do not present with these typical ECG changes despite having an acutely occluded coronary artery are more likely to undergo delayed revascularization [2]. Although we listed many of the ECG findings in NSTEMI patients with acute coronary occlusion in our manuscript (REF), our list inadvertently omitted some important ECG patterns described by other authors previously (REF) and which might help to identify total coronary artery occlusion in such patients, i.e. the 3-variable [3] and 4-variable algorithms [4]. Despite their importance, and to the best of our knowledge, these diagnostic algorithms do not include patient demographics, clinical data or imaging variables [5] that could improve diagnostic accuracy. This, precisely, was one of the major points in our manuscript (REF), as we suggested the use of a novel risk score, which in addition to ECG variables, incorporates relevant clinical, laboratory and imaging data in an attempt to identify NSTEMI patients with acute total coronary occlusions, as it is likely that such an approach could improve prognosis.

**References**

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