

In this situation clinical discretion is of paramount importance. We must discuss the benefits and risks of the treatments offered. Simply saying "Take this antibiotic, it will protect you from endocarditis" is not enough. The benefits of prophylaxis are greater in high-risk patients (those with prosthetic valves, previous infective endocarditis, congenital cyanotic heart disease) and relatively small in low-risk groups such as patients with mitral valve prolapse. Unsurprisingly, the Microbiology Specialist Advisory Group working party is not the first to reach these conclusions. The French Recommendations published in 2002 in *Heart* also recommended maintaining the principle of prophylaxis but limiting it to patients with the highest ratio of individual benefit.⁶

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NOTICE OF REDUNDANT PUBLICATION

It has come to our attention that the paper Troponin T measurement can predict persistent left ventricular dysfunction in peripartum cardiomyopathy by C L Hu, Y B Li, Y G Zou, *et al* published in *Heart* 2007;**93**:488-90; doi:10.1136/hrt.2006.087387 is very similar to that published electronically in *Cardiology* 2007;**108**:345-50; doi:10.1159/000099107. The article published in *Cardiology* has been retracted.

IMAGES IN CARDIOLOGY

doi: 10.1136/hrt.2006.091918

Severe intimal hyperplasia after sirolimus eluting stent deployment: evaluation by optical coherence tomography

A 60-year-old man presented with recurrence of angina and a positive stress test five months following sirolimus-eluting stent deployment to the left anterior descending (LAD) and intermediate (ramus) coronary arteries.

Coronary angiography revealed severe focal in-stent restenosis of both the previously stented arteries (panel A: LAD restenosis marked by arrow). The LAD lesion was pre-dilated with a 2.5 mm × 10 mm cutting balloon. Following this, optical coherence tomography (OCT, LightLab Imaging Inc, Westford, Massachusetts, USA) and intravascular ultrasound (IVUS) were performed. OCT images at the site of stenosis clearly revealed severe focal intimal proliferation surrounding a well expanded stent (panel B: OCT image showing marked neointimal proliferation. Cuts made by the cutting balloon are well demonstrated (arrowheads) and struts of the previous stent (arrows) are clearly seen, making accurate

assessment of stent expansion possible). Corresponding IVUS images, while showing the stenosis, were unable to sufficiently visualise the neointimal proliferation or the adequacy of previous stent expansion (panel C). OCT imaging was also able to accurately define the length of the segment with significant neointimal formation. A 3.0 mm × 12 mm paclitaxel-eluting stent was deployed across the LAD restenosis with an excellent angiographic result.

OCT is a light based imaging technology that provides detailed images with a resolution of 10 µm. In this case OCT was able to provide important information on the aetiology and extent of the LAD re-stenosis. OCT may prove to be an important tool to help guide percutaneous coronary interventions in the future.

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