



Complicating Acute Myocardial Infarction—Etiologies, Management and Outcome

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Deadline for manuscript submissions:

closed (15 July 2022)

Message from the Guest Editor

Mechanical reperfusion with primary angioplasty is currently the treatment of choice in acute myocardial infarction. This therapy is associated not only with a high percentage of full epicardial and myocardial reperfusion and immediate clinical effectiveness, but also with a very good long-term clinical outcome. The critical weakness of treatment of myocardial infarction including reperfusion therapy is associated with complications such as cardiogenic shock, pulmonary oedema, perforation of the left ventricular free wall, and papillary muscle rupture with acute mitral regurgitation or ventricular septal rupture. Although such complications are not common, each of them is associated with an increased or sometimes extremely high mortality rate, and therefore they determine the overall mortality in a population of patients with myocardial infarction. The therapeutic management of complications of myocardial infarction often has to be individualized. In this Special Issue, we would like to present the latest research on complications of myocardial infarction, including innovative solutions as well as contemporary approaches to the most challenging clinical scenarios.





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