Correspondence

Incidence of spasm at the site of previous successful transluminal coronary angioplasty: effect of ergometrine maleate in consecutive patients

Sir,

Quyyumi *et al* (1986;56:27-32) report an increased sensitivity to ergometrine maleate (ergonovine maleate) at the site of previous successful transluminal coronary angioplasty in over a third of their patients. This finding has obvious clinical implications, especially with regard to restenosis. Unfortunately the illustrations of the coronary angiograms in fig 4 leave much to be desired. Fig 4b which is meant to show "successful dilatation of the stenosis" seems to show a rather severe narrowing in the proximal left anterior descending artery which does not appear to be much different from the original lesion shown in fig 4a and which was the very same site where spasm resulted from intravenous ergometrine shown in fig 4c. Thus I wonder if one is justified in calling the response an increased sensitivity if the coronary arterial lesion before ergometrine was already very tight. Although single frames from cineangiograms often do not do justice in depicting coronary lesions, I think the examples in fig 4 are certainly not very convincing. Authors generally tend to show their best products in their presentation; I wonder if Quyyumi *et al* have better examples than those published.

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This letter was shown to the authors, who reply as follows:

Sir,

We thank Dr Cheng for his comments. As Dr Cheng rightly points out, single frames from cineangiograms often do not do justice in depicting lesions. We have therefore reproduced in biplane views (figs 1 and 2) the pre-angioplasty and post-angioplasty lesion from the same patient as in our paper. We are sure that there can be little doubt that this patient did have a successful angioplasty.

Fig 1 Cineangiograms of the original lesion in proximal left anterior descending coronary artery. (a) Anteroposterior view; (b) left anterior oblique cranial view.

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