requiring a temporary pacemaker, but in all cases the disorder was present on admission. Therefore, routine CCU admission of these patients would have yielded no benefit in terms of cardiac rhythm monitoring. The modest benefit of reperfusion therapy in these patients has been previously discussed.⁴

Care must be taken when evaluating the incidences of events and the differences between groups, given the relatively low number of patients studied. The lack of statistical differences between death rates may reflect low statistical power and not a true lack of significance. Admission bias may have influenced the results, as admission to the CCU was not allocated randomly. Patients in this age group, however, are very unlikely to be taking part in randomised controlled trials in the near future. Moreover, our data show that even when the physician in charge felt that CCU admission was appropriate, this did not have a significant impact on the survival of the patient.

In conclusion, AMI in very old patients is associated with a very high mortality regardless of CCU admission. Our findings do not support a policy of routine admission to the CCU of patients 89 years of age or older with AMI, but rather to optimise resources with individual decision making.

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IMAGES IN CARDIOLOGY .....

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Human coronary circulation mimicking reptilian cardiac physiology

A 54 year old woman was admitted with a history of central chest pain. She was a smoker and had a family history of ischaemic heart disease. Examination was unremarkable and her resting ECG revealed sinus rhythm with no acute changes. Her cardiac troponin T was negative and she had a standard Bruce protocol exercise tolerance test, which was equivocal. She subsequently underwent coronary angiography, which revealed a normal dominant right coronary artery and mild disease in the left coronary system with an interesting finding of drainage of blood from the left coronary system directly into the left ventricular cavity (panels A and B). This pattern of cardiac drainage is similar to reptilian cardiac physiology in which transmural channels enable dual blood supply to the myocardium.

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