Table 1 Relationship between TIMI and "front door" scores

TIMI score	Total in score group	Number of patients with events (% event rate, 95% CI)*	Front door score	Total in score group	Number of patients with events (% event rate, 95% CI)*
0	231	0 (0%, 0 to 1.5)	0	244	13 (5%, 3 to 9)
1	215	15 (7%, 4 to 11)	1	219	17 (8%, 5 to 12)
2	184	24 (13%, 9 to 18)	2	195	32 (16%, 12 to 22)
3	167	40 (24%, 18 to 31)	3	163	35 (21%, 16 to 28)
4	96	23 (24%, 17 to 33)	4	90	20 (22%, 15 to 32)
5	39	19 (49%, 34 to 68)	5	32	13 (41%, 25 to 58)
6/7	22	16 (72%, 52 to 86)	6	11	7 (64%, 35 to 85)
ROC AUC	0.79	95% CI 0.75 to 0.84	ROC AUC	0.70	95% CI 0.65 to 0.75

*Significant at <0.01 by Kruskal–Wallis.

AUC, area under the curve; ROC, receiver operating characteristic; TIMI, Thrombolysis in Myocardial Infarction.

outcome definitions relied on discharge diagnosis as recorded in the medical records rather than by explicit prospective follow up. Among those patients who did not achieve a study end point there may well be a group with unrecognised ischaemic heart disease.

Further prospective research is needed to determine the additional value of adding presentation cardiac markers to the front door score to enhance risk stratification. Triage decisions based on these scores should be prospectively validated and would be of particular interest with respect to patients with low and intermediate risk scoring.

In conclusion, the TIMI score has the potential to improve the management of patients presenting to hospital with undifferentiated chest pain where ischaemic heart disease is a potential diagnosis.

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IMAGES IN CARDIOLOGY

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Concomitant aortic and mitral regurgitations: a rare echocardiographic view

A 62-year-old man was admitted for slight dyspnoea and progressive exercise intolerance. Significant cardiac findings were a proto-meso-diastolic murmur (2–3/6 Levine's scale) at the second intercostal space on the left sternal border and a proto-meso-systolic murmur (3/6 Levine's scale) at the cardiac apex.

Transthoracic colour Doppler echocardiography showed a moderate mitral regurgitation (starting in the end-diastolic phase) and a moderate aortic regurgitation (see panel). This echocardiographic view of concomitant (because they temporarily overlapped) mitral and aortic regurgitations (in the end-diastolic phase) is rare, and is due to an abnormally high end-diastolic left ventricular filling pressure (in this patient depending on the haemodynamically significant aortic regurgitation).

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Transthoracic apical five-chamber colour Doppler echocardiographic view showing concomitant mitral and aortic regurgitations (at the end of the diastolic phase). AO, aorta; AR, aortic regurgitation; LA, left atrium; LV, left ventricle; RV, right ventricle; MR, mitral regurgitation.