

Special Issue

Update on the Diagnosis, Treatment, and Prognosis of Acute Coronary Syndromes

Message from the Guest Editors

Implementation of high-sensitivity cardiac troponin assays revolutionized diagnostic algorithms, in particular for patients with non-ST-elevation acute coronary syndromes (ACS). However, diagnosis may be challenging, especially in patients with inconclusive electrocardiograms and those without detectable stenosis in invasive coronary angiography. This Special Issue focuses on innovative diagnostic and therapeutic strategies as well as comprehensive prognostic evaluation of patients with ACS. Among others, this comprises the management of patients with myocardial infarction with non-obstructive coronary arteries (MINOCA). What is the use of optical coherence tomography (OCT) in these patients? What is the value of cardiac magnetic resonance (CMR) imaging for diagnosis and prognostic assessment? Are there any upcoming invasive and non-invasive therapeutic strategies in patients with high-risk ACS? We welcome the submission of “state-of-the-art” review articles as well as “cutting-edge” original research papers dealing with the topics of diagnostic and therapeutic advances in patients with ACS.

Guest Editors

Prof. Dr. Holger Thiele

Department of Internal Medicine/Cardiology, Heart Center Leipzig at University of Leipzig, 04289 Leipzig, Germany

Dr. Hans-Josef Feistritzer

Department of Internal Medicine/Cardiology, Heart Center Leipzig at University of Leipzig, 04289 Leipzig, Germany

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Journal of Clinical Medicine
Editorial Office
MDPI, Grosspeteranlage 5
4052 Basel, Switzerland
Tel: +41 61 683 77 34
jcm@mdpi.com

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There has been an explosion of gene and target based research and therapeutics in the multitude of fields that compose clinical medicine. The *Journal of Clinical Medicine's* (JCM) staff and editorial board are dedicated to providing cutting edge, timely, and peer-reviewed articles covering the diverse subspecialties of clinical medicine. The journal publishes concise, innovative, and exciting research articles as well as clinically significant articles and reviews that are pertinent to the myriad of disciplines within medicine. The articles published are relevant to both primary care physicians and specialists. The journal's full-texts are archived in PubMed Central and indexed in PubMed. Please consider submitting your manuscripts for publication to our journal and check us out on-line!

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