

## The Reply



We thank Vallabhajosyula et al for their interest in our study.<sup>1</sup> Patients with cardiogenic shock represent the highest risk patients, with strong evidence for early revascularization in the setting of acute coronary syndrome. Patients may be prone to developing contrast-induced acute kidney injury due to renal hypoperfusion, acidosis, and the toxic effects of radiocontrast material. Early initiation of statin therapy in such patients is supported because of lipid-lowering and pleiotropic effects. Early statin initiation is part of standard medical therapy in patients with acute coronary syndrome and cardiogenic shock unless there is a specific contraindication. For this reason, data are lacking in clinical trial settings to compare statin with placebo in this high-risk population. Recent registry data from Korea suggest a mortality benefit for statin therapy in acute myocardial infarction and cardiogenic shock; however, these results must be interpreted with caution because of the retrospective nature and potential bias.<sup>2</sup>

The results of the subgroup analysis in our study demonstrated a benefit for high-dose statins to reduce contrast-induced acute kidney injury in patients with congestive heart failure, defined clinically and by echocardiogram. Although the differentiation between ischemic and nonischemic cause is not clearly identified, all patients underwent coronary angiography, and likely a large portion

had underlying coronary artery disease, and therefore would derive benefit from treatment. The strongest effect was seen in patients with acute coronary syndrome, suggesting a benefit with initial short-term therapy even in the absence of continuing high-dose statins long term for hyperlipidemia.

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## References

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