

## Reply to Vigilance in Prescribing Nonsteroidal Anti-inflammatory Drugs

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On behalf of the authors of the article titled, "A Case of Acute Myocardial Infarction Induced by Selective Cyclooxygenase-2 Inhibitor," I would like to thank the reader for the comment.

As mentioned in the letter, the nature of back pain and the information of the medications given to the patient should be clarified. The patient had lower back pain developed after exercise, which seemed as musculoskeletal pain. Aceclofenac 100 mg was prescribed to be taken twice a day as usual dose. Two days before admission to our hospital, the patient took the first aceclofenac 100 mg in the evening. One day before admission, the patient took the second aceclofenac 100 mg in the morning and intermittent chest pain began. The duration of chest pain was about 30 min. After the patient had taken the third aceclofenac 100 mg in the evening, chest pain began aggravated and the duration of chest pain increased gradually. On the admission day, chest pain was sustained for 4 h in the early morning.

Up to 7 years after coronary artery bypass graft (CABG), the patient had no complaints of chest pain with his routine medications (aspirin 100 mg, clopidogrel 75 mg, irbesartan 150 mg, and amlodipine 5 mg once in a day). These routine medications were not stopped during that event. As he had no chest pain after CABG, any antianginal medications were not prescribed before that event.

Although the level of thromboxane A<sub>2</sub> (TXA<sub>2</sub>) was not assessed, deficit of inhibiting TXA<sub>2</sub> synthesis was suspected to cause extensive vasospasm. However, to confirm this, more studies are needed.

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