

# Vigilance in Prescribing Nonsteroidal Anti-inflammatory Drugs

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To the Editor: We read with great interest the article entitled, "A Case of Acute Myocardial Infarction Induced by Selective Cyclooxygenase-2 Inhibitor" by Seo *et al.*<sup>[1]</sup> The authors have shown a correlation of aceclofenac intake with the myocardial infarction. This is really important information to be noted as aceclofenac or any nonsteroidal anti-inflammatory drugs (NSAIDs) of this group were prescribed more frequently worldwide. There are a number of studies and analysis supporting and warning regarding the cardiac risk factor with diclofenac, as aceclofenac is its analogs.<sup>[2,3]</sup>

We have certain points to be clarified regarding this case. We need to know the nature of back pain whether is upper back or the lower back that made the patient for getting treated with NSAIDs. If it is in the interscapular region (upper back), it may be a sign of impending myocardial infarction of old etiology for which again the patient was put on adverse drug NSAIDs that aggravated the existing condition. We were interested in knowing the dose and the frequency of aceclofenac tablets given to the patient. Another important history was regarding the other cardiac medications the patient was taking for 7 years after the coronary artery bypass graft. Because this will help us to know whether the patient has taken his routine medication when the event happened. As per the Naranjo Adverse Drug Reaction Probability Scale,<sup>[4]</sup> this case can able to answer for only one positive correlation "Did the adverse event appear after the suspected drug was administered" with a final score of 2 (1–4 = possible adverse drug reaction [ADR]) making possible ADR only.

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## Conflicts of interest

There are no conflicts of interest.

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