

Figure 1

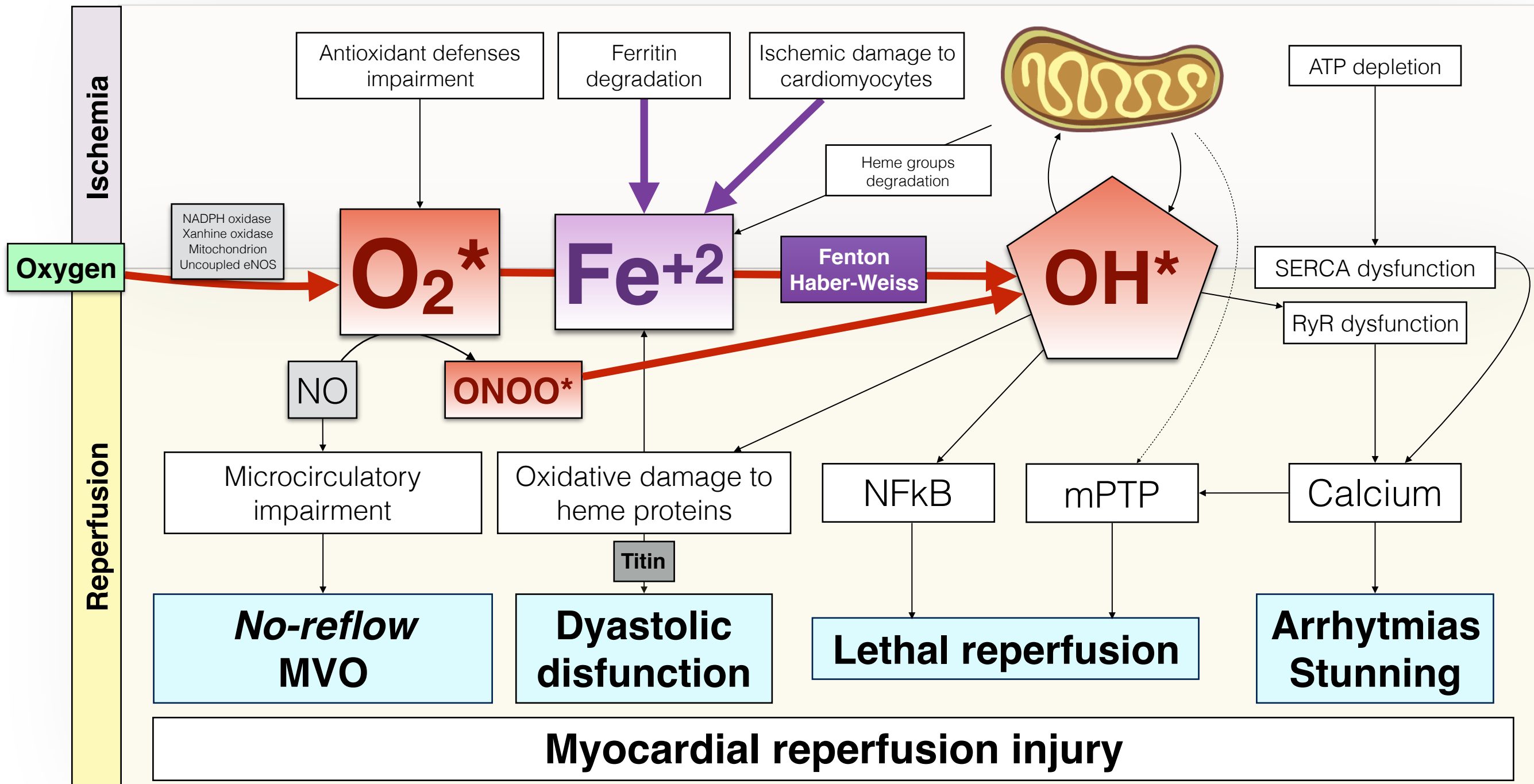


Figure 2

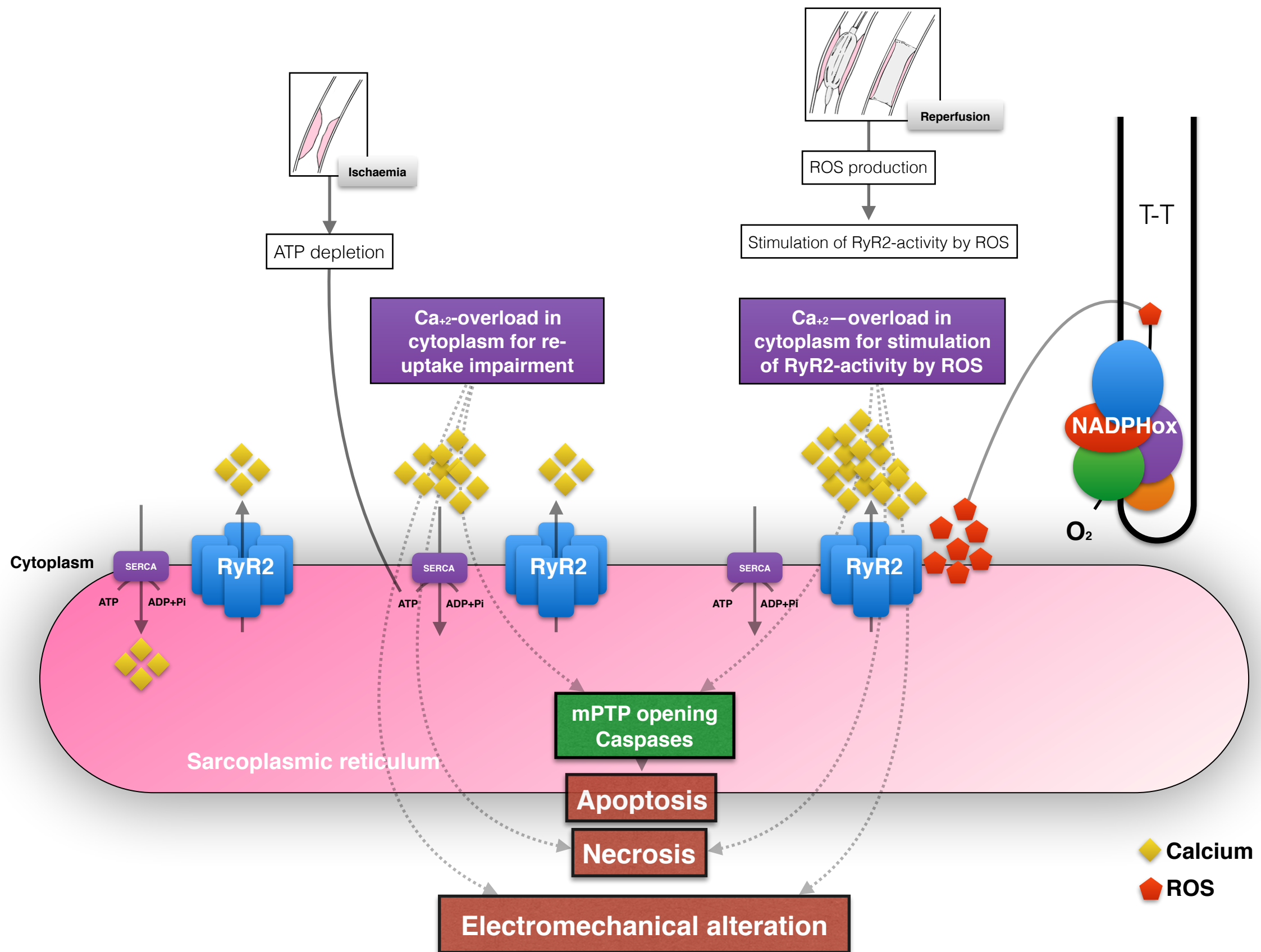


Figure 3

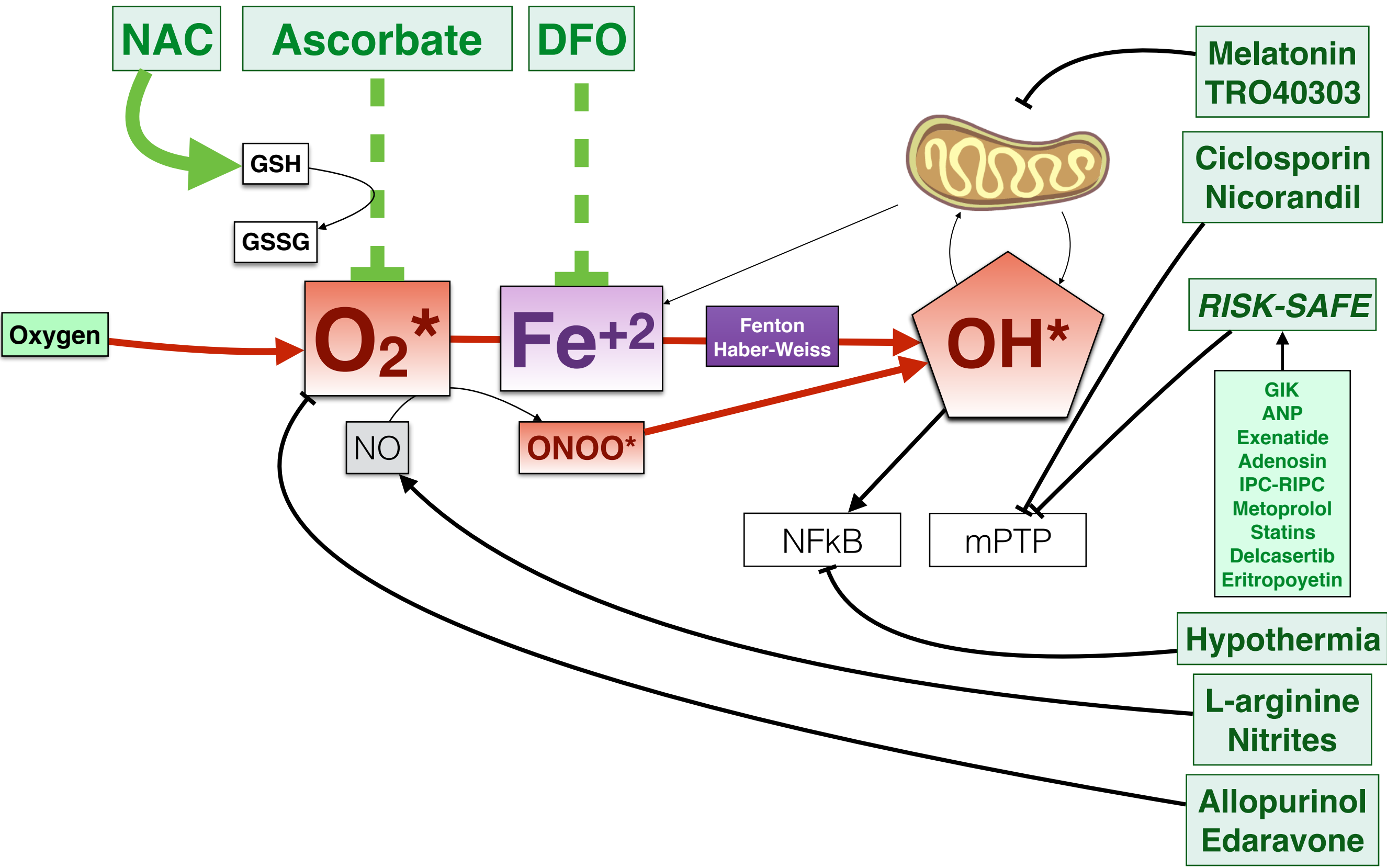


Figure 4

	Study details	Country	n		Main findings	Reference
			Placebo	Intervention		
AA	Ascorbate previous to elective coronary angioplasty	Italy	28	28	Decrease in oxidative stress and improves reperfusion parameters	Basili et al. JACC Cardiovasc Interv 2010, 3:221-9.
	Ascorbate previous to primary coronary angioplasty in patients with AMI	Chile	53	46	Improve ventricular function and reperfusion No differences in infarct size	Ramos et al. Arch Med Sci 2017, 3:558–67
NAC	N-acetylcysteine previous and after primary coronary angioplasty in patients with AMI	Germany	126	126	Decrease in oxidative stress No differences in infarct size	Thiele et al. J Am Coll Cardiol. 2010, 55:2201-9
	N-acetylcysteine and nitroglycerine previous to primary coronary angioplasty in patients with AMI	Australia	67	65	Decrease in infarct size and cardiac damage biomarkers	Pasupathy et al. Circulation. 2017, 136:894-903
DFO	Deferoxamine previous and after coronary angioplasty in patients with AMI	Australia	28	32	Decrease in oxidative stress No differences in infarct size	Chan et al. 2012 Circ Cardiovasc Interv 2012, 5:270-8.

Table 1

Table 1. Clinical highlights. Main clinical studies that have used ascorbate, N-acetylcysteine or deferoxamine to prevent reperfusion injury in patients affected by acute myocardial infarction and treated with coronary angioplasty . AA: Ascorbate. NAC: N-acetylcysteine. DFO: Deferoxamine. IR: Ischemia reperfusion. AMI: Acute myocardial infarction.

Figure 1. Generation of reactive oxygen species and mobilization of iron after myocardial reperfusion. There is a massive production of reactive oxygen species and iron mobilization by the different cellular types of the myocardial tissue. The iron reacts with superoxide anion to produce hydroxyl radical by the Fenton reaction. Inside cardiomyocyte, there is intracellular production of reactive oxygen species through NADPH oxidase, eNOS uncoupled, xanthine oxidase and mitochondrion. NOX: NADPH oxidase. ROS: reactive oxygen species. Fe: Iron.

Figure 2. Role of reactive oxygen species and iron mobilization in myocardial reperfusion injury and its clinical implications. MVO: Microvascular obstruction. ONOO: Peroxynitrite. NO: Nitric oxide. OH *: Radical hydroxyl. Fe: Iron. Ryr: Ryanodine receptor channel. SERCA: Sarco/endoplasmic reticulum Ca^{2+} -ATPase

Figure 3. Central role of calcium in the electro-mechanical dissociation of cardiomyocyte after myocardial reperfusion. Ryr: Ryanodine receptor channel. SERCA: Sarco/endoplasmic reticulum Ca^{2+} -ATPase. mPTP: Mitochondrial permeability transition pore. Ca: Calcium. ROS: Reactive oxygen species.

Figure 4. Experimental, pharmacological and clinical approaches to prevent myocardial reperfusion injury at cellular level. RISK: Reperfusion injury salvage kinase pathway. SAFE: Survivor activating factor enhancement pathway. GSH: Reduced glutathione. GSSG: Oxidized glutathione.