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Progress in 2-Stent Strategies of True Left Main Bifurcation Lesions

Gerçek Sol Ana Bifurkasyon Lezyonlarında Çift-stent Stratejilerindeki İlerleme

LETTER TO THE EDITOR
EDİTÖRE MEKTUP

To the Editor,

We have recently read with great interest the article by Rigatelli et al[1] entitled "Prognostic Impact of New-Onset Atrial Fibrillation After Single- or Double-Stent Left Main Bifurcation PCI." We appreciate the authors for their study describing the prognostic impact of left main coronary (LMC) bifurcation lesions in new-onset atrial fibrillation (NOAF) after the percutaneous intervention. On the other hand, we believe that there are some major drawbacks that need to be addressed.

Patients with LMC disease are at high risk because of the large amount of jeopardized myocardium. The European Bifurcation Club Left Main Study has recently indicated that the provisional approach has fewer major adverse cardiac events than the planned dual stenting.[2] However, 2 medium-sized randomized trials compared the culotte and provisional stenting strategies, respectively, with the double kissing crush (DKC) technique for the treatment of true LMC bifurcation lesions involving the side branch ostium.[3,4] Despite receiving many criticisms, in both studies, the DKC significantly reduced the primary composite ischemic endpoint. For true distal LMC artery bifurcation lesions, DKC has emerged as the preferred approach, although this technique is technically challenging and should be performed by expert operators. In this study, the authors used T, T and small protrusion (TAP), culotte, and nano-inverted T techniques as a planned double-stent strategy. The readers may wonder why the DKC technique is not used in LMC bifurcation lesions as an expert and ESC guideline recommendation.[5]

Several novel bifurcation stenting techniques have recently been introduced. These consist of techniques to reduce the metal load in the main vessel, which is the major disadvantage of the culotte technique, and to improve the dynamics of the side branch ostium and carina. Moreover, Toth et al[6] reported that the double kissing approach facilitates the culotte technique. Another observational study by Fan et al[7] compared DK mini-culotte with T-provisional stenting techniques in the treatment of true coronary bifurcation lesions and showed that the double kissing mini-culotte significantly reduced ischemic endpoints target vascular or lesion revascularization (TVR/TLR) and side branch restenosis.[7] Why did the authors not consider applying the double kissing culotte technique instead of the traditional culotte technique in this study?

Current literature suggests that NOAF is associated with adverse outcomes in patients with coronary artery disease.[8] However, it is very difficult to understand whether the developing atrial fibrillation, especially after the stenting procedure, is NOAF or paroxysmal atrial fibrillation. In the method section, this law would be expected to be discussed in more detail. Besides, the authors could also be expected to provide more detail on the procedural and medical treatment data in the study.

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