

## LETTER TO THE EDITOR

### REPARTEE

# Caution when reading „A word of caution”

Stefan Dan Cezar Mot<sup>1</sup>\*

I read the online published letter-to-editor by Dre-goesc and Iancu<sup>1</sup> and I must admit that I was disappointed (not to say disgusted) by the unfriendly manner of presenting their point of view.

Firstly, I will begin with the particular emphasize of the two authors regarding the use of IVUS for the LM PCI: there is not yet any published randomized trial comparing the LM PCI with or without IVUS, all the results and recommended dimensions are the results of retrospective, pooled analyses, or registries<sup>2-7</sup> as the 2018 ESC Guidelines on Myocardial Revascularization are stating: of course the use of IVUS must be favoured (class IIA) but is still a long distance to a class I recommendation, this why we are maybe in the need of a large trial as the ongoing MAIN EBC<sup>8</sup>. I strongly agree with the important aspects of the role of IVUS in the assessment of intermediate lesions, but this is a domain of discussion, with different data coming from above cited studies; that's why we are still having a „grey area” between the cutoff of  $>6 \text{ mm}^2$  MLA (Minimal Luminal Area) where there is a clear indication for conservative treatment<sup>5</sup> and the  $<4.5 \text{ mm}^2$  where is strong correlation with FFR, indicating the need for revascularization<sup>6</sup>. I agree also with the role of IVUS in Acute Coronary Syndromes, but this was not the subject of our published article!!! Putting an accent only on IVUS, forgetting other aspects as: choosing the right patient, techniques for revascularization, alternative imaging modalities as FFR or OCT, as the authors of the Letter to Editor are doing is clearly indicating that searching for the Internet Data Base is more im-

portant for them that having a professional background in treating that kind of patients and lesions.

Secondly, not citing the 2018 ESC Guideline for Myocardial Revascularization can be looked as a mistake; BUT: all the other references of the article where in fact the source of that document; this was in fact a proof of modesty, since the author of the article represented the *Romanian Society of Cardiology*, as a reviewer, in elaborating those Guidelines<sup>9</sup>.

Thirdly, regarding some „minor inadequacies”: „lower quality of DES” means that there is a proof that Everolimus stent is now known the best in class<sup>10-11</sup>, „large non compliant balloons” are defined by Expert consensus as balloons with a diameter  $>4.5 \text{ mm}^2$ , and still images that were shown in the article are examples of different techniques used in the practical experience of the author when treating patients with LM disease, but again, this is very well known by people working in cath-labs and less by those doing only research.

Finally, it looks to me that treating LM disease is polarizing people involved in Myocardial Revascularization techniques (Interventional Cardiologists, Surgeons, Researchers) more than the way it happened when TAVI procedures appeared! Certainly, seeing the after-words resulted in the publication of the EXCEL data, that any study can compare, in a scientific way, the major clinical outcomes of the patients with LM disease is helpful, and the work of the authors has to be respected by the Cardiology Community.

**Keywords:** left main disease; percutaneous coronary intervention.

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**Conflict of interest:** none declared.

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