Percutaneous Revascularization of Patients with History of Coronary Bypass Graft: Reply

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First of all, allow me to thank you very much for your interest in our study.[1]

Our study was performed in a single center with a small group of patients, which may have created some bias in the prediction of adverse outcomes. In addition, the small size of the study population precluded a comparison of the outcomes between those who underwent percutaneous coronary intervention (PCI) on native coronaries and those who received intervention on saphenous vein grafts (SVGs). Nevertheless, the results of our study showed that PCI on native coronaries is more desirable than PCI on SVGs because many of our major adverse cardiac event (MACE) cases were in the SVG group.

With respect to the next question, only 5% of our SVG group cases had no distal protection devices ,and there was one case of non ST-elevation myocardial infarction (NSTEMI) due to the no-reflow phenomenon after stenting a SVG on the optus marginal (OM) artery and no distal protection devices were used. Finally, we had one case of ST-elevation myocardial infarction (STEMI) due to the distal embolization in the PCI of the SVG on the OM artery despite using a distal protection device; however, no no-reflow phenomenon was observed in the native coronaries group. Studies have shown the consistent benefits of embolic protection devices, independent of glycoprotein IIb/IIIa antagonist use. Embolic protection has been established as the standard of care for SVG stenting, with a favorable cost-benefit profile.[2, 3] Embolic protection devices reduce the secondary phenomena of no-reflow and end organ infarction.[4-7]

We hope that our explanations will help the esteemed readers to better understand the views mentioned.

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