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Letter to the editor regarding the original article by Gianluca Rigatelli et al. presenting novel stenting technique for complex coronary bifurcation

By Shuvanan Ray

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AI-generated Abstract

This letter discusses and responds to a recent article by Rigatelli et al. on the Nano-Crush technique for complex coronary bifurcation stenting. The authors commend the original research for its positive outcomes but raise concerns about the precision of side branch stent placement and potential complications arising from stent protrusion. They share their own experience with the Nano-Crush technique, emphasizing the importance of ensuring effective placement while minimizing metal at the carina, and express the hope for recognition of their contributions to the technique.

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LETTER TO THE EDITOR

Letter to the editor regarding the original article by Gianluca Rigatelli et al. presenting novel stenting technique for complex coronary bifurcation

To the Editor:

This letter is in response to the recent article by Rigatelli et al.¹ We congratulate the authors for demonstrating the suitability of the Nano-Crush technique in complex coronary bifurcation. The bench evaluation of this technique has shown complete coverage of the side branch ostium with small amount of metal at carina. Acute procedural and 1 year clinical outcome were excellent as evidenced by no cardiovascular death and only one TLR. However, the question remains to be asked is that how precisely side branch (SB) stent can be placed with 0.5 and 1 mm cell protrusion in the main branch (MB). In different bifurcation angles, the protrusion of the SB stent in MB will also be different. Only visual estimation during SB stent placement may result in inadvertent pulling the stent more in MB, or sometimes pulling less and thus missing the SB ostium.

In 12th EBC bifurcation meeting 2016, we presented our small data with Nano Crush technique in a presentation titled "NANO-CRUSH technique for bifurcation stenting" where we showed bench mark testing with in-vitro IVUS study showing minimal metal at carina and full coverage of SB ostium. In our technique during placement of SB stent we placed a one size smaller non compliant balloon in MB inflated at nominal pressure. By this we ensured that the SB stent does not protrude much in MB, and at the same time the SB ostium is not missed. The presentation is in the EBC archive and can be downloaded from the website www.bifurc.net.

Subsequently, we presented our data with Nano-Crush in April 2017 TCTAP and it was published in JACC in abstract form.² Out of 42 patients treated with Nano-Crush, about 40% patient had left main lesion and three patients developed MACE at 1 year follow up (7.14%).

We take the pride for being the first interventional group to coin the term "Nano-Crush" and demonstrate its efficacy for short and long term outcome. The main advantage of this procedure is that it is simple, easy to perform and ensure total SB ostium coverage with minimal metal at carina.

Our study is also due to be published as an Original Article in the upcoming issue of *AsiaIntervention* journal.

We hope the editor and authors of the article acknowledge and recognize our effort in a proper way.

Thanks and regards.

CONFLICT OF INTEREST

Nothing to report.

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