Correspondence

Letter by Vorpahl and Foerst Regarding Article, “Impact of Sirolimus-Eluting Stent Fracture on 4-Year Clinical Outcomes”

To the Editor:

We read with interest the recent publication by Umeda et al, “Impact of Sirolimus-Eluting Stent Fracture on 4-Year Clinical Outcomes.” The authors present the important finding that stent fracture in sirolimus-eluting stents was associated with a higher major adverse coronary event rate up to 1 year, primarily driven by higher target lesion revascularization. However, they found no significant increase in major adverse coronary event rate of fractured stents between years 1 and 4.

The critical limitations in the assessment of stent fracture by coronary angiography, fluoroscopy, and intravascular ultrasound are acknowledged. No clinical “gold standard” has been established to close the gap between the fracture rates of sirolimus-eluting stents of 8% in vivo and 42–70% at autopsy. Therefore, data must be interpreted carefully when comparing nonfractured against fractured stents because the “nonfractured” stents may indeed have fracture(s). Perhaps as high-resolution, 3D-capable imaging tools such as optical coherence tomography mature, we will be able to reliably assess fractures in our patients and consequently garner a more comprehensive understanding of the natural history of stent fracture.

Disclosures

None.

References

3. Foerst JR, Ball TC, Kaplan AV. Stent fracture is more common in drug eluting stents than in bare metal stents: post-mortem microCT analysis. 2010;122:A18397.
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