



K. H. Mok<sup>1</sup> · U. Wickramarachchi<sup>2</sup> · T. Watson<sup>1,3</sup> · H. H. Ho<sup>1</sup> · S. Eccleshall<sup>2</sup> · P. J. L. Ong<sup>1</sup>

<sup>1</sup> Department of Cardiology, Tan Tock Seng, Hospital, Singapore, Singapore

<sup>2</sup> Department of Cardiology, Norwich and Norfolk University Hospital, Norwich, UK

<sup>3</sup> Faculty of Medicine and Health Science, University of Auckland, Auckland, New Zealand

## Avoid stent insertion in drug-coated balloon angioplasty

### Reply

This is a reply to the letter by F. Krackhardt, M. Noutsias, C. Tschöpe, B. Kherad (2016) DCB meets DES. Herz. doi: [10.1007/s00059-016-4529-y](https://doi.org/10.1007/s00059-016-4529-y)  
 Original article: Mok KH, Wickramarachchi U, Watson T et al. (2016) Safety of bailout stenting after paclitaxel-coated balloon angioplasty. Herz. doi: [10.1007/s00059-016-4502-9](https://doi.org/10.1007/s00059-016-4502-9)

We thank Krackhardt and colleagues for their astute comments regarding our manuscript. While we agree that lesion preparation is vital to the success of drug-coated balloon (DCB) angioplasty, we would like to emphasize that when a DCB approach is selected, the best stent policy remains to avoid stent insertion unless absolutely required. This is important as a DCB strategy offers a potential opportunity for positive remodeling and therefore allowing some early recoil (<30%) or minor dissections is very reasonable [1, 2]. Stenting is therefore largely reserved for cases where dissection is extensive or flow-limiting or where lesion expansion has failed [3].

It is thus of paramount importance to employ a meticulous technique during both lesion preparation as well as during DCB deployment, in particular with slow balloon inflation and deflation such that the lesion is dilated gently and is progressively expanded. Naturally this means that there is a learning curve in DCB angioplasty and thus the need for bailout stenting can be expected to drop as operators gain experience. Retrospective analysis of our DCB registry showed that even during emergency PCI

for STEMI, the need for bailout stenting when employing a DCB approach can be as low as 4% [4]. Importantly, however, DCB operators can be assured that should bailout stenting be required following DCB, available evidence indicates that a drug-eluting stent appears to be a safe choice.

### Corresponding address

#### Dr. T. Watson

Faculty of Medicine and Health Science,  
 University of Auckland  
 Auckland, New Zealand  
[timothy\\_james\\_watson@ttsh.com.sg](mailto:timothy_james_watson@ttsh.com.sg)

**Conflict of interest.** K. H. Mok, U. Wickramarachchi, T. Watson, H. H. Ho, S. Eccleshall, and P. J. L. Ong declare that they have no competing interests.

### References

1. Kleber FX, Schulz A, Waliszewski M et al (2015) Local paclitaxel induces late lumen enlargement in coronary arteries after balloon angioplasty. *Clin Res Cardiol* 104:217–225. doi:[10.1007/s00392-014-0775-2](https://doi.org/10.1007/s00392-014-0775-2)
2. Her AY, Ann SH, Singh GB et al (2016) Comparison of paclitaxel-coated balloon treatment and plain old balloon angioplasty for de novo coronary lesions. *Yonsei Med J* 57:337–341. doi:[10.3349/ymj.2016.57.2.337](https://doi.org/10.3349/ymj.2016.57.2.337)
3. Kleber FX, Mathey DG, Rittger H, Scheller B (2011) German drug-eluting balloon consensus group. How to use the drug-eluting balloon: recommendations by the German consensus group. *EuroIntervention* 7(Suppl K):K125–K128
4. Ho HH, Tan J, Ooi YW et al (2015) Preliminary experience with drug-coated balloon angioplasty in primary percutaneous coronary intervention. *World J Cardiol* 7(6):311–314