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IN THIS ISSUE OF ASIAINTERVENTION

New criteria for LMCA bifurcation stenting; consensus statement on OCT use in Southeast Asia; PCI in anomalously arising RCA; and much more...

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Dear friends,

The release of our October issue coincided with AICT-Asia PCR, which took place in Singapore from the 6-8 October 2022. It was exciting to once again be able to visit Singapore after a COVID-induced gap of 3 years. The meeting, as expected, was very educative, and the course directors had worked hard to plan it, keeping the needs of the region in mind. The programme included two interactive sessions on the “Interpretation of Clinical Trials”, covering both superiority and non-inferiority trials.

AsiaIntervention was proud to host a session at this year’s AICT-Asia PCR, which included tips and tricks for writing manuscripts, how to adequately address reviewer comments and the promotion of academic work on social media. For those who were not able to join us onsite, the full video of this session is available on the AsiaIntervention website.

It gives me great pleasure to present yet another issue of AsiaIntervention, this time coinciding with INDIALIVE 2023. This issue contains an array of articles on different topics, made possible by the combined efforts of the editorial board and the editorial staff.

We begin this issue in the section on coronary interventions with an expert review on left main coronary artery (LMCA) disease. Distal left main disease continues to be an enigma for cardiologists, and many criteria have been invoked to guide safe and durable stenting. Various criteria have been published to take into account the

complexity of the disease and the potential need for a single- or double-stent strategy or a provisional versus a committed two-stent strategy. These include the SYNTAX II and NERS II scores. **Shao-Liang Chen and colleagues** have formulated the DEFINITION criteria based on a scoring system that takes into consideration both morphology and technicalities such as a committed two-stent versus provisional strategy. These criteria have been used by the authors in the DEFINITION-II trial to predict the outcomes of LMCA stenting. Although the criteria need more outcome trials to become universally acceptable, it is certainly a great concept. This expert review is accompanied by a thought-provoking editorial from **Dejan Milasinovic** entitled “Complex distal left main bifurcation anatomy requiring a two-stent approach: in search of an accurate DEFINITION”.

Optical coherence tomography (OCT) is widely used and its utility during percutaneous coronary intervention (PCI) is well known. The adoption of this technology, however, has been rather slow in Southeast Asian countries due to the learning curves and the additional short-term costs involved. **Adrian Low and colleagues** provide an expert review, based upon the input of major operators in several countries throughout the region, discussing its utility and the reasons for its slow penetration, both of which need to be addressed. Reviews such as this one should motivate non-users to overcome their hesitations in this regard.

In an interesting report, **Rajesh Vijayvergiya and colleagues** describe a single-centre experience with 35 patients undergoing PCI with an anomalously arising right coronary artery (RCA) from the left coronary sinus, a variation often seen in clinical practice. This report emphasises the importance of the choice of hardware including guiding catheter selection and the ability to use a rotator and intravascular imaging. Optimal results were achieved in all the patients. **Rajesh Vijayvergiya and colleagues**, in another communication, have described a side branch balloon block and support technique for difficult distal main branch access during bifurcation PCI.

A trial design paper by **Shinichiro Masuda and colleagues** presents the ongoing ASET JAPAN pilot study, using a single antiplatelet drug, prasugrel, in an ultra-low dose of 2.5 mg per day in a phased manner to observe its feasibility in preventing stent thrombosis in both chronic coronary disease and acute coronary syndrome with non-ST-elevation myocardial infarction. Conceptually, this is a protocol which could be useful for high bleeding risk patients.

Sean Tan and colleagues revisit the reperfusion criteria following thrombolysis for acute ST-elevation myocardial infarction (STEMI). Since the traditional criterion of >50% ST-segment resolution was determined in the era of streptokinase, which had its limitations due to limited efficacy, this makes for an interesting proposition and is useful in expediting the pharmacoinvasive therapy.

In the section interventions for valvular disease and heart failure, an expert review by **Enio Guérios and colleagues** elaborates on the use of left atrial appendage occlusion (LAAO) in indications other than the presence of thrombus, including hereditary haemorrhagic telangiectasia, post-LA electrical isolation, end-stage renal disease and those with very poor compliance for oral drugs. **Bobak Mosadegh and Sun-Joo Jang** comment on this article in an interesting editorial entitled “Expanding beyond conventional indications for left atrial appendage closure”.

The article by **Sara Hungerford and colleagues** compares transcatheter edge-to-edge repair (TEER) with transapical mitral valve replacement for the treatment of mitral regurgitation in a setting of pre-existing severe left ventricular (LV) dysfunction. The analysis suggests that TEER has better results in these patients at 30 days and 1 year. This article is accompanied by an editorial by **Dharam J. Kumbhani** and **Ayman Elbadawi**.

Lisa Kettler and colleagues reported another study of TEER, but with tricuspid valve replacement for severe TR, where improvement was shown in all the heart failure parameters including body fluid content as measured by bioelectrical impedance and nutritional status.

Coming back to transcatheter aortic valve implantation (TAVI), **Hirofumi Hioki and colleagues** have evaluated the predictors of bioprosthetic valve dysfunction (BVD) after TAVI. They found that predilatation, particularly in patients with a small aortic annulus, using a small, <23 mm prosthesis, and moderate or severe prosthetic-patient mismatch may have an impact on BVD.

In this issue as well we have an excellent editorial by **Mirvat Alasnag** and **Ashok Seth** on the new Women-In- Asian Pacific Society of Interventional Cardiology (WIN-APSIC) initiative as well as a number of interesting flashlights accompanied by excellent images.

Tomoyo Sugiyama and colleagues offer an insight into OCT done through a 4 Fr guide, using a miniaturised OCT catheter via a distal radial approach. **Paul Chiam and colleagues** report on a patient with severe forearm pain 3 weeks after a radial access PCI with a raised temperature of the forearm in the presence of a normal pulse. A unique temperature sensor was used which clinched the diagnosis of complex regional pain syndrome and the patient was treated successfully. **Yann Shan Keh and colleagues** elaborate on a case of rotational atherectomy of a calcified thrombus-containing lesion which had a “cotton candy” appearance. **Akihiro Oka and colleagues** show an unusual case of a calcific nodule in a distal LMCA bifurcation. Orbital atherectomy was used, which did not debulk it sufficiently, and rotablation was used for completing the preparation of the bed. The procedure was eventually completed using a drug-eluting balloon. **Yusuke Oba and colleagues** used a perfusion balloon to successfully seal perforations in a case of spontaneous coronary artery dissection presenting as STEMI, initially treated with “plain old balloon angioplasty” (POBA). The flap was diagnosed by intravascular ultrasound (IVUS) and a perfusion balloon was used under the guidance of intravascular imaging – IVUS and OCT. **Masayoshi Kimura and colleagues** report on a case exemplifying the use of a self-expanding nitinol stent to treat an occluded VBX stent in the iliac artery of an elderly lady, which salvaged the ischaemic limb.

Finally, **Mao Matsuyama Terui and colleagues** have presented an interesting case of a foreign body visualised after a bifurcation PCI using multimodal imaging combining IVUS, OCT and angioscopy. The object was eventually diagnosed as a detached part of guidewire coating.

I leave you to read this issue’s articles and editorials, which we hope provide something for everyone. AsiaIntervention looks forward to receiving your feedback and any suggestions to improve the content of the Journal.