Stenting in percutaneous treatment of adult aortic coarctation

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Dear Sir,

In the October 2011 edition of this Journal, colleagues Luijendijk et al. describe the successful stenting of two adult patients with coarctation. [1] They refer to a 'higher incidence of re-coarctation after balloon angioplasty alone' compared with stenting.

A lower degree of elastic recoil and avoidance of vessel overdilation are proposed as the mechanisms that favour stenting over balloon angioplasty alone. However, data to support this claim are lacking for the adult population. First, the occurrence of recoarctation appears not to be an important clinical issue in adult patients with isolated coarctation, in contrast to infants and children. Aneurysm formation, on the other hand, appears not to be correlated to intima tear that can occur following plain balloon angioplasty, resulting in comparable outcomes in a review of 16 series with both treatment modalities. [2] Stenting does not prevent aneurysm formation. Pedra et al. report reinterventions for aneurysms and stent fracture in 3 of 21 adult patients. [3] Furthermore, stenting can be complicated by intimal hyperplasia during long-term follow-up, with reintervention rates up to 31 %. [4] No aneurysm and one recoarctation were

encountered in our experience with balloon angioplasty in 29 consecutive adult patients. [5] Lacking more conclusive and prospective data, we therefore think that stenting the native aortic coarctation in adults should not be advocated instead of plain balloon angioplasty.

References

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