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Comment on "Endovascular Stent-graft Placement in Stanford Type B Aortic Dissection in China"

KEYWORDS
Aortic dissection;
Stent graft;
Endovascular;
Meta-analysis

Dear Editor,

We thank Drs Chang and Li for their efforts[1] to review the Chinese data on type B dissection by endovascular stenting. Coincidently we also accomplished a similar review,[2] and we would like to add our comments with regard to the following aspects of their study:

1. The low risk of paraplegia was attributed to the short coverage length of thoracic aorta (1.1 stent per patient). Our analysis proposed a second reason related to the age of the patients (52.1 yrs in our data[2] vs. 61.0 yrs in Eggebrecht data),[3] as younger patients may have a relatively better circulation in the involved arteries.
2. Because we did not consider all endoleaks denoting procedure failure, our procedure success rate (99%) was higher than Chang's (89%). Our endoleak criterion came from Eggebrecht, so the procedure success of our data was easier to compare with Western data[3] using the same definition.

We believe that our combined data are complementary and form the rather complete review on endovascular stent-graft placement for patients with type B-AD in China, presenting good and accurate short- and mid-term results.

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