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

Dear Editor,

We thank Drs Chang and Li for their efforts to review the Chinese data on type B dissection by endovascular stenting. Coincidentally we also accomplished a similar review, 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 vs. 61.0 yrs in Eggebrecht data), 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 (99%). Our endoleak criterion came from Eggebrecht, so the procedure success of our data was easier to compare with Western data 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.

References


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