

CORRESPONDENCE

Letters to the Editor

The Mortality of Late Stent Thrombosis in the Drug-Eluting Stent Era—Still Underemphasized

Late stent thrombosis (LST) is an increasingly recognized complication of drug-eluting stents (DES). Colombo and Corbett (1) in their editorial in *JACC* summarized the evidence and provided perspective. From the data it could be concluded that LST is not overemphasized as has been suggested, but rather deserves more attention. Although a very uncommon occurrence, LST has a mortality of up to 45% (2). Long-term mandatory dual antiplatelet therapy, although effective in reducing LST, carries its own risks and is not an ideal solution. The advantage of DES over bare-metal stents is only in the reduction of restenosis, an important complication but not one carrying a significant risk of death (3). In the absence of a clinical trial powered for mortality, the uncommon complication of late stent thrombosis is of great importance, and may mean that drug-eluting stents are not a better choice than bare-metal stents.

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Reply

We thank Dr. Joshi for his interest in our editorial (1). Our aim was not only to provide a perspective on the current state of play in the field, but also to give our opinion as to where the balance of evidence currently lies. In this regard, we believe that the reassurance provided by the available follow-up data from randomized trials (2,3) outweighs the understandable anxiety produced by reports of stent thrombosis in case series and anecdotal reports (4,5).

On the basis of this we opted to use the word “overemphasized” in the title. This is most definitely not to say that we believe this issue should be underemphasized. Clearly, to exchange bare-metal stent restenosis for drug-eluting stent thrombosis would be a major and potentially catastrophic disservice to our patients. However, it should be borne in mind that, contrary to the balloon angioplasty data quoted by Dr. Joshi, in-stent restenosis is not always a benign event; more than one-third of cases of restenosis in bare-metal stents present as acute coronary events (6), whereas 2 of 23 patients described in the study by Joner et al. (7) died of drug-eluting stent restenosis. The issue of stent thrombosis in the drug-eluting stent era is obviously one of considerable controversy. We have no doubt that plenty of data are yet to emerge that will alternately fan and quell the flames of this particular debate, providing it with the attention and, more importantly, illumination that we all believe it deserves.

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