Late stent malapposition: innocent phenomenon or major risk marker? reply

We would like to thank Alfonso et al.1 for the interest shown in our meta-analyses, for their compliments to us for undertaking such a delicate effort, and for writing a concise and interesting letter concerning our paper. It is our pleasure to try to respond to the raised appreciated comments.

Indeed, previous intravascular ultrasound studies (IVUS)2–4 had the merit of identifying stent malapposition as a potential underlying mechanism for stent thrombosis (ST) but also, of equal importance, the usefulness of IVUS analyses in characterizing the pattern and mechanism of such complication. One of our main objectives was therefore to investigate the relation between IVUS documented stent-malapposition and ST. To best serve this purpose, we completely agree with Dr Alfonso et al. that a dedicated effort would have been of interest. However, according to our predefined selection criteria, the number of papers provided only a limited number of cases. In such circumstances, our colleague and co-author Professor T. Stijnen (a reputed specialist in meta-analyses techniques)5–7 advised against a graphical representation of our ST findings and preferred a table that could summarize the findings and explain the analysis technique in a comprehensive way (Table 2). The relatively scarce data availability regarding ST did not allow us to perform two separate analyses, one with ‘late’ (≤12 months) ST and another one with ‘very late’ (>12 months) ST in relation to the presence of late stent malaposition. We did consider that such data may bring valuable information and, as a consequence, we have presented values of ST separately (‘late’ and ‘very late’) on two columns in Table 2.