Covered Stent Septal Ablation for Hypertrophic Obstruction Cardiomyopathy

To the Editor:

Fifer et al. report a case of hypertrophic obstructive cardiomyopathy in which a covered stent was implanted in the left anterior descending artery to occlude the first septal branch after an unsuccessful attempt to cannulate it. Recurrence of symptoms was associated with collateralization from the right coronary artery of the occluded septal branch. We think this case is of special interest to the interventional cardiologist because it can be analogized to treatment of the complex bifurcation lesion. First, it demonstrates that the myocardium supplied by an occluded side branch during intervention may be protected by a collateral. Second, it raises the concern, especially with the use of GpIIb/IIIa inhibitor, that in the rare case of a side branch perforation after percutaneous coronary intervention in a patient in whom the bulky covered stent cannot be implanted in the side branch, covering the main branch may be ineffective in preventing tamponade, specifically because of the collateral, which in this scenario, is clearly not "protective." Finally, we have a serious concern about the use of a covered stent to treat hypertrophic obstructive cardiomyopathy. There is probably a 20% risk of stent site stenosis, which, in the setting of hypertrophy, might place the patient at high risk for severe and possibly life-threatening ischemia. As such, this type of therapy must be viewed with extreme caution unless scientific data validate this approach.

Angelo Anzuini, MD
Barry F. Uretsky, MD
Division of Cardiology
University of Texas Medical Branch
Galveston, Tex
anzangelo@yahoo.com

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Angelo Anzuini and Barry F. Uretsky

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