

Neoatherosclerosis as a Cause of Very Late Intra-Scaffold Restenosis: Another Ghost for the Resorbable Technology?

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Recently, an interesting case of bioresorbable vascular scaffold (BVS) restenosis was reported [1]. The authors have published an interesting case of a 31-year-old man with crescendo angina due to an intra-scaffold restenosis (IScaR) of a 3.5/18 mm Absorb™ -Abbott Vascular, US- implanted 30 months before in the proximal left anterior descending artery (LAD), and treated with a 3.0/26 mm drug-eluting stent (DES) implantation through the BVS.

In this light, I would like to do further considerations according to my previous experience with BVS failure namely, scaffold thrombosis (ScaT) [2] and IScaR [3]. Particularly, since the GHOST-EU registry findings have been published [4], the fear for ScaT has conditioned the operators' confidence with the new technology as well-demonstrated by Experts' survey [2,5]. In this regard, Experts have indicated DES as preferred device to treat ScaT. Conversely, IScaR has not a clear consensus for the best treatment.

Firstly, it could be interesting to know the technical of BVS implantation in the light of the new PSP model (predilation, scaffold sizing, and post-dilation) recommendations [6]. In this view, it is necessary to exclude once more an implantation bias that could justify the IScaR occurrence, considering that 30 months ago there weren't strict precautions trying to avoid a scaffold failure.

Secondly, in my opinion, in the view of the patient age and according to my experience [3], it could be reasonable the maintenance of a "leaving nothing behind" strategy, thus applying a drug-eluting balloon (DEB) instead of a smaller DES through the previous scaffold to treat IScaR successfully.

In conclusion, this is a really interesting case showing another redoubtable face of BVS strategy failure but, probably, the problem could be solved through a metal-free technology thus everything disappears.

Conflict of Interest

I have no conflict of interest to declare.

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