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A Modified Medina and Movahed (3M) Classification of Coronary Bifurcation Lesions

LETTER TO THE EDITOR

To the Editor,

With great interest we read the article entitled "A Novel Descriptive Coding System for Coronary Bifurcation Lesions'' published in your journal.[1] This paper proposes a new classification method of bifurcation lesions. However, this classification seems also difficult to remember.

We developed a Modified classification of coronary bifurcation lesions based on Medina and Movahed methods (3M classification).[2,3] This classification (Figure 1) includes information regarding the location of coronary bifurcation (left main vs. non-left main), angle of bifurcation ("V/Y<70°" or "T≥70°"), percentage of stenosis in proximal, distal main vessel (MV) and side branch (SB), instead of 1 or 0.[4,5] In addition, the "Y" bifurcation type represents one unique bifurcation with an angle <70° and a large proximal segment at least as large as two-thirds of the sum of the diameter of both branch vessels, which can accommodate 2 stents.[4]

For example, LY 9.8.8 means a left main bifurcation with significant stenosis of 90% in the proximal left main, 80% in the left anterior descending, and 80% in left circumflex artery. In such a narrow bifurcation (<70°), with involvement of both side branches, a 2-stent strategy may be indicated. Based on the MADS-2 classification of bifurcation stenting techniques, the simultaneous kissing stent (SKS) is indicated.[4] On the other hand, V 8.3.3 means a non-left main bifurcation (<70°) with significant stenosis of 80% in the proximal main branch, 30% in the distal main branch, and 30% in the SB. Therefore, a provisional stenting may be indicated.

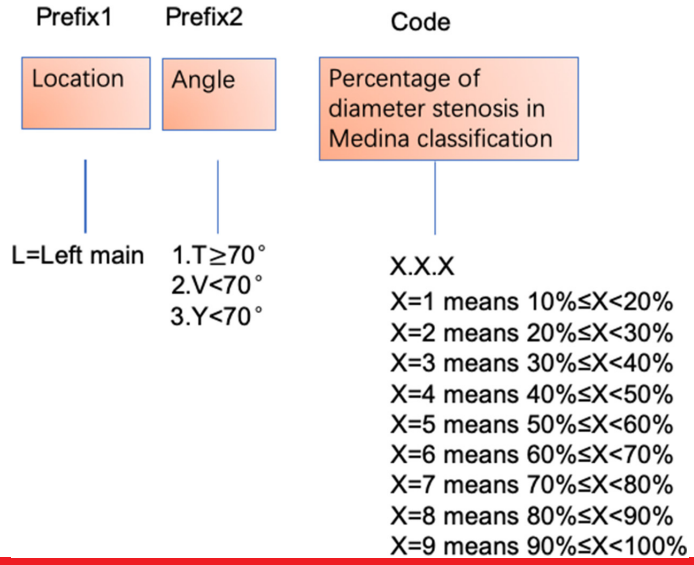

Figure 1. A modified Medina and Movahed (3M) classification for bifurcation.

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