

Reply to the Letter to the Editor: "Antiplatelet Strategy After Drug-Coated Balloon Angioplasty for Isolated Side Branch Lesions: The Missing Piece of the Puzzle"

To the Editor,

We sincerely thank the authors¹ for their thoughtful comments regarding our recently published study² evaluating drug-coated balloon (DCB) angioplasty for isolated side branch lesions. We appreciate their interest in the post-procedural antiplatelet strategy, which indeed represents an important component of DCB-based coronary intervention.

In our study, antiplatelet therapy was determined according to the clinical presentation rather than the presence of angiographically minor dissections. Patients with chronic coronary syndrome received aspirin plus clopidogrel for 1 month after successful DCB-only angioplasty, whereas patients presenting with acute coronary syndrome received guideline-directed dual antiplatelet therapy (DAPT) for 12 months, in accordance with current European Society of Cardiology (ESC) recommendations.^{3,4} The presence of non-flow-limiting type A or B dissections did not modify either the duration of DAPT or the selection of the P2Y12 inhibitor.

Importantly, current evidence does not support prolonging DAPT solely because of angiographically minor dissections after successful DCB treatment. The 2023 German Consensus Group recommends 1 month of DAPT following uncomplicated DCB angioplasty in de novo lesions and does not propose longer DAPT for type A–B dissections.⁵ Similarly, the 2024 International DCB Consensus Group recommends standard DAPT after successful DCB treatment provided that there is no flow-limiting dissection or bailout stenting.⁶ Therefore, our antiplatelet strategy was fully consistent with contemporary consensus recommendations.

The concern regarding untreated type A–B dissections is understandable; however, increasing evidence suggests that these lesions represent a benign angiographic finding rather than a clinically significant complication. Optical coherence tomography–based studies have demonstrated spontaneous endothelial healing after DCB treatment despite the absence of a permanent metallic scaffold.⁷ Furthermore, the EASTBOURNE substudy showed that most non-flow-limiting dissections healed completely without an increased incidence of target lesion failure or major adverse cardiovascular events.⁸ Likewise, Gitto et al⁹ demonstrated that minor dissections after DCB angioplasty were not associated with adverse long-term clinical outcomes.

The authors also questioned whether the choice or duration of DAPT might have contributed to persistent angina or repeat coronary angiography during follow-up. Although this hypothesis is interesting, our study was not designed to evaluate different antiplatelet strategies, and no subgroup analysis according to DAPT regimen was performed. Moreover, persistent angina following PCI is multifactorial and may result from coronary microvascular dysfunction, vasospastic disease, diffuse atherosclerosis, progression of non-target lesions, or residual ischemia unrelated to the treated side branch.¹⁰ Likewise, repeat coronary angiography in

LETTER TO THE EDITOR REPLY

Halil Akın¹ 

Önder Bilge² 

Ferhat Işık² 

Abdurrahman Akyüz² 

Emre Kıvrak¹ 

Esra Yılmaz¹ 

İlke Çelikkale¹ 

Özcan Özdemir³ 

İbrahim Halil Tanboğa⁴ 

¹Department of Cardiology, Faculty of Medicine, Lokman Hekim University, Ankara, Türkiye

²Department of Cardiology, University of Health Sciences Diyarbakır Gazi Yaşargil Education and Research Hospital, Diyarbakır, Türkiye

³Department of Cardiology, Etlik City Hospital, Ankara, Türkiye

⁴Department of Cardiology, University of Nişantaşı, İstanbul, Türkiye

Corresponding author:

Halil Akın

✉ halilakin@yandex.com

Available Online Date: September 25, 2026

Cite this article as: Akın H, Bilge Ö, Işık F, et al. Reply to the letter to the editor: "antiplatelet strategy after drug-coated balloon angioplasty for isolated side branch lesions: the missing piece of the puzzle." *Anatol J Cardiol*. 2026;XX(X):X–X.



Copyright©Author(s) - Available online at anatoljcardiol.com.
Content of this journal is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License.

DOI: 10.14744/AnatolJCardiol.2026.6894

our cohort was clinically driven and should not be interpreted as evidence of target lesion failure.

Finally, the primary objective of our study was to evaluate the procedural safety and feasibility of DCB angioplasty in isolated Medina 0.0.1 lesions. Nevertheless, we fully agree with the authors that future prospective studies incorporating standardized antiplatelet regimens together with serial OCT imaging would further clarify whether selected patient subgroups might benefit from individualized antiplatelet strategies.

We sincerely thank the authors for their valuable comments¹, which have provided an opportunity to further clarify this important aspect of DCB therapy.

Declaration of Interests: The authors have no conflict of interest to declare.

Funding: The authors declared that this study has received no financial support.

REFERENCES

1. Çakmak AC, Sarıbiyık Çakmak B. Antiplatelet Strategy After Drug-Coated Balloon Angioplasty for Isolated Side Branch Lesions: The Missing Piece of the Puzzle. *Anatol J Cardiol*. 2026 Aug 24. Epub ahead of print. PMID: 42634434. [\[CrossRef\]](#)
2. Akin H, Bilge Ö, Işık F, et al. Safety profile of drug-coated balloon angioplasty for isolated side branch lesions: a single-center experience. *Anatol J Cardiol*. 2026 ;30(7):465-470. [\[CrossRef\]](#)
3. Vrints C, Andreotti F, Koskinas KC, Rossello X, Adamo M, Ainslie J, Banning AP, Budaj A, Buechel RR, Chiariello GA, Chieffo A, Christodorescu RM, Deaton C, Doenst T, Jones HW, Kunadian V, Mehilli J, Milojevic M, Piek JJ, Pugliese F, Rubboli A, Semb AG, Senior R, Ten Berg JM, Van Belle E, Van Craenenbroeck EM, Vidal-Perez R, Winther S; ESC Scientific Document Group. 2024 ESC Guidelines for the management of chronic coronary syndromes. *Eur Heart J*. 2024;45(36):3415-3537. [\[CrossRef\]](#). Erratum in: *Eur Heart J*. 2025;46(16):1565. PMID: 39210710. [\[CrossRef\]](#)
4. Byrne RA, Rossello X, Coughlan JJ, Barbato E, Berry C, Chieffo A, Claeys MJ, Dan GA, Dweck MR, Galbraith M, Gilard M, Hinterbuchner L, Jankowska EA, Jüni P, Kimura T, Kunadian V, Leosdottir M, Lorusso R, Pedretti RFE, Rigopoulos AG, Rubini Gimenez M, Thiele H, Vranckx P, Wassmann S, Wenger NK, Ibanez B; ESC Scientific Document Group. 2023 ESC Guidelines for the management of acute coronary syndromes. *Eur Heart J*. 2023;44(38):3720-3826. [\[CrossRef\]](#). Erratum in: *Eur Heart J*. 2024 Apr 1;45(13):1145. PMID: 37622654. [\[CrossRef\]](#)
5. Kleber FX, Rittger H, Bonaventura K, Zeymer U, Wöhrle J, Jeger R, Levenson B, Möbius-Winkler S, Bruch L, Fischer D, Hengstenberg C, Pörner T, Mathey D, Scheller B. Drug-coated balloons for treatment of coronary artery disease: updated recommendations from a consensus group. *Clin Res Cardiol*. 2013;102(11):785-97. Epub 2013 Aug 28. PMID: 23982467. [\[CrossRef\]](#)
6. Simone Fezzi, Bruno Scheller, Bernardo Cortese, et al. Definitions and standardized endpoints for the use of drug-coated balloon in coronary artery disease: consensus document of the Drug Coated Balloon Academic Research Consortium, *European Heart Journal*, Volume 46, Issue 26, 7 July 2025, Pages 2498–2519. [\[CrossRef\]](#)
7. Piraino D, Cortese B, Buccheri D, Dendramis G, Andolina G. Healing after coronary artery dissection: The effect of a drug coated balloon angioplasty in a bifurcation lesion. A lesson from intravascular ultrasound analysis. *Int J Cardiol*. 2016;203:298-300. Epub 2015 Oct 19. PMID: 26520278. [\[CrossRef\]](#)
8. El Khoury A, Lazar L, Cortese B. The fate of coronary dissections left after sirolimus-coated balloon angioplasty: A prespecified subanalysis of the EASTBOURNE study. *Catheter Cardiovasc Interv*. 2023;102(6):979-986. Epub 2023 Nov 8. PMID: 37937671. [\[CrossRef\]](#)
9. Gitto M, Leone PP, Gioia F, et al. Coronary Artery Dissection in Drug-Coated Balloon Angioplasty: Incidence, Predictors, and Clinical Outcomes. *Am J Cardiol*. 2025;239:28-35. Epub 2024 Dec 10. PMID: 39667516. [\[CrossRef\]](#)
10. Crea F, Bairey Merz CN, et al. Mechanisms and diagnostic evaluation of persistent or recurrent angina following percutaneous coronary revascularization. *Eur Heart J*. 2019;40(29):2455-2462. PMID: 30608528. [\[CrossRef\]](#)