

## The Movahed Coronary Bifurcation Lesion Classification Introduces Limitless Optional Suffixes That Can Easily be Used for Clinical Use or Coding Purposes

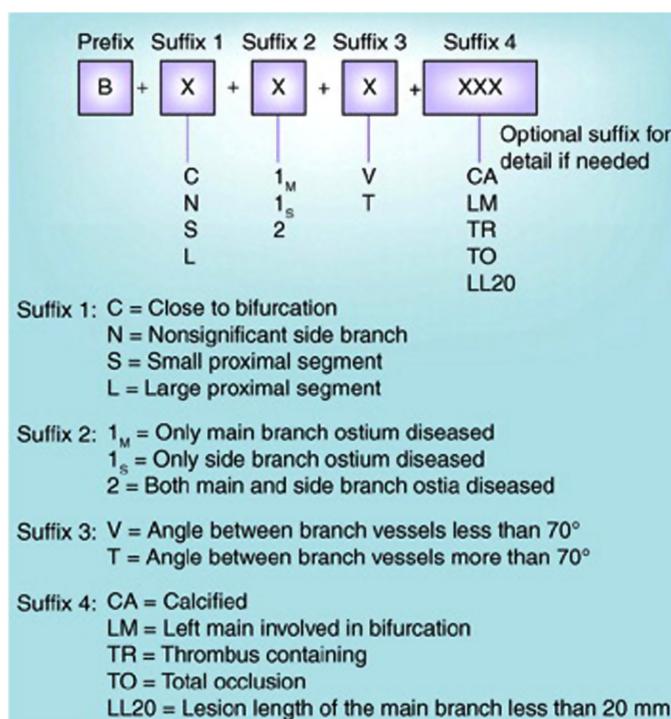
To the Editor,

With great interest, I read the paper published in your journal entitled: "A Novel Descriptive Coding System for Coronary Bifurcation Lesions."<sup>1</sup> The authors propose a new definition of coronary bifurcation lesion for coding bifurcation

### LETTER TO THE EDITOR

Movahed	Medina
B2	1.1.1, 1.0.1, 0.1.1
B1m	1.1.0, 1.0.0., 0.1.0
B1s	0.0.1

**Figure 1. Comparison of the Movahed to the Medina coronary bifurcation classification revealing the simplicity of basic suffixes of the Movahed classification.**



**Figure 2. Details of the Movahed Bifurcation Classification with limitless optional suffixes.**

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intervention as the Medina classification fails many important anatomical features of a given bifurcation lesion. They believe that adding information regarding bifurcation site, angle, and vessel sizes would increase the explanatory power of classical Medina classification. In order to achieve their goal, they combined new anatomical features with Medina classification creating an extremely confusing and difficult system. They cited the Movahed classification in their paper but failed to read this classification system that has optional suffixes that can include any needed anatomical features of a given bifurcation lesion. The Movahed classification contains everything needed for detailed coding. The Movahed bifurcation classification<sup>2,3</sup> simplifies bifurcation lesions into 3 simple categories: Both branches have diseases named B2 (B for bifurcation, 2 for both branches), only the main branch has the disease called B1m (B for bifurcation, 1m meaning only the main branch has disease), and B1s lesion (B for bifurcation and 1s meaning only side branch has the disease). Then Movahed classification adds additional optional suffixes that can be used for clinical or coding purposes. For example, B2LM means left main involving both branches, 70 for angle over 70°, CA for severe calcification, TR for thrombus containing, L10 for lesion length for 10 mm, etc. (this lesion if needed detail for coding or clinical trials would be described as B2LM70CATRL10).<sup>4-7</sup> The Movahed classification introduces limitless optional suffixes that can easily be used for clinical or coding purposes which is much simpler and at the same time is much more comprehensive than their described complicated system.<sup>8</sup> Figures 1 and 2 are showing the Movahed classification as described above.

## REFERENCES

1. Ağaç MT, Vatan MB, Çakar MA, Tatlı E. A novel descriptive coding system for coronary bifurcation lesions. *Anatol J Cardiol.* 2023;27(1):10-11. [\[CrossRef\]](#)
2. Movahed MR, Stinis CT. A new proposed simplified classification of coronary artery bifurcation lesions and bifurcation interventional techniques. *J Invasive Cardiol.* 2006;18(5):199-204. [\[CrossRef\]](#)
3. Movahed MR. Coronary artery bifurcation lesion classifications, interventional techniques and clinical outcome. *Expert Rev Cardiovasc Ther.* 2008;6(2):261-274. [\[CrossRef\]](#)
4. Movahed MR. Quantitative angiographic methods for bifurcation lesions: a consensus statement from the European Bifurcation Group. Shortcoming of the Medina classification as a preferred classification for coronary artery bifurcation lesions in comparison to the Movahed classification. *Catheter Cardiovasc Interv.* 2009;74(5):817-818. [\[CrossRef\]](#)
5. Movahed MR. Studies involving coronary bifurcation interventions should utilize the most comprehensive and technically relevant Movahed coronary bifurcation classification for better communication and accuracy. *Am J Cardiol.* 2010;105(8):1204-1205. [\[CrossRef\]](#)
6. Movahed MR. B2 lesions are true bifurcation lesions simply categorized as one group according to the Movahed bifurcation classification. *J Invasive Cardiol.* 2010;22(5):252.
7. Movahed MR. Major limitations of randomized clinical trials involving coronary artery bifurcation interventions: time for redesigning clinical trials by involving only true bifurcation lesions and using appropriate bifurcation classification. *J Interv Cardiol.* 2011;24(4):295-301. [\[CrossRef\]](#)
8. Movahed MR. Is it time to consider the Movahed classification as the preferred classification for coronary bifurcation lesions? *EuroIntervention.* 2010;5(6):652; author reply 653. [\[CrossRef\]](#)