

## Reply to Letter to the Editor: "The Movahed Coronary Bifurcation Lesion Classification Introduces Limitless Optional Suffixes That Can Easily be Used for Clinical Use or Coding Purposes"

### LETTER TO THE EDITOR REPLY

To the Editor,

With interest we read the letter titled "The Movahed Coronary Bifurcation Lesion Classification Offers Unlimited Optional Suffixes That Can Be Easily Used For Clinical Use or Coding Purposes,"<sup>1</sup> published in your journal. Citing our new descriptive coronary bifurcation coding system,<sup>2</sup> the authors claim that the Mohaved Coronary Bifurcation Lesion Classification<sup>3</sup> is more practical and more descriptive than our new coding system. However, the authors are unable to give a clear answer as to how a classification system could be more descriptive that does not contain any information about coronary vessel sizes. We believe that information on vessel sizes is crucial not only for bifurcation definition but also for strategy planning and device selection. In our proposed model, we tried to summarize a bifurcation lesion with all the necessary information for a complete description with the help of a mathematical formula derived from the backbone of the classical Medina classification.<sup>4</sup> Medina coronary bifurcation classification is the most widely accepted and used classification due to its simplicity. Therefore, our algorithm, which simply adds vessel size information after the Medina binary code, cannot be expected to be more difficult and confusing than the Mohaved Coronary Bifurcation Lesion Classification.

#### REFERENCES

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