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Letter to the Editor

Rebuttal

TO THE EDITOR

Our patient underwent emergent coronary artery bypass graft (CABG) after suffering a coronary perforation during percutaneous coronary intervention (PCI) and subsequently developed two large coronary pseudoaneurysms that were treated with a percutaneous approach using feathered coils.

The incidence of emergency CABG secondary to perforation has dramatically decreased [1]; however, the mortality for emergent CABG remains extremely high approximately five times that of elective cases [2]. The most suitable approach must be weighed against comorbid variables including severity of hemodynamic instability, patient symptoms, and degree of contrast extravasation. In our case, ligation of the proximal vessel would have compromised a moderate degree of myocardium not supplied by the grafts. In

addition, despite the covered stent, the pseudoaneurysms grew so there was still an entrance site through which we could obtain access.

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Conflict of interest: Nothing to report.

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