

Response to the letter concerning the article “Coronary computed tomography angiography for the assessment of SYNTAX score”

published in “Kardiologia Polska” 2016; 74, 1: 40–46

Rafał Wolny, Jerzy Pręgowski

Department of Interventional Cardiology and Angiology, Institute of Cardiology, Warsaw, Poland

On behalf of the authors of the paper entitled “Coronary computed tomography angiography for the assessment of SYNTAX score” we are very grateful for all of the important comments to our study included in the Letter to the Editor by Bajka et al.

We agree that the diagnostic accuracy of coronary computed tomography angiography (CCTA) is significantly lower in patients with heavily calcified coronary arteries. The relative underrepresentation of this subgroup of patients in our study is undoubtedly an important limitation. However, this is a direct result of applying a real-life consequent series of patients from our centre, where every CCTA examination in patients with no

previous coronary intervention is preceded by a contrast-free calcium score scan. When very high calcification defined by Agatston score > 800 units is found, the patient is deferred from the contrast CCTA imaging and scheduled for invasive angiography. This is the reason why in our study the number of patients with high SYNTAX score, which is usually associated with higher burden of calcifications, is so low.

We also fully agree that including more patients with higher SYNTAX score would improve the quality of the study. Nonetheless, it would require changing the present CCTA study protocol, probably in the setting of a separate prospective trial, which may be a good idea for future research.

Conflict of interest: none declared

Address for correspondence:

Rafał Wolny, MD, Department of Interventional Cardiology and Angiology, Institute of Cardiology, ul. Alpejska 42, 04-628 Warszawa, Poland, e-mail: rwolny@ikard.pl
Kardiologia Polska Copyright © Polskie Towarzystwo Kardiologiczne 2016