

The author reported no conflicts of interest.

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**REPLY FROM THE
AUTHOR: TREATMENT
OF LEFT MAIN
CORONARY ARTERY
DISEASE:
OLD HABITS
DIE HARD
Reply to the Editor:**



The letter by Gomes¹ is an important reminder of the pathophysiologic reasons why left main coronary artery disease (LMC) should not be seen as a separate entity and should instead be considered as part of multivessel coronary disease. The concept of LMC as a separate entity comes from an era when, due to the limited efficacy of medical therapy for secondary prevention and of the revascularization procedures, the risk of acute coronary or graft occlusion was not negligible and lesions in the LMC were at very high risk of clinical events. In the current era, the risk is considerably lower and in patients in whom LMC is combined with multivessel disease (the great majority, as pointed out by Gomes), the latter should determine the therapeutic approach.

The concept of a different treatment for LMC was generated in a subgroup analysis of the SYNTAX (Synergy between Percutaneous Coronary Intervention with Taxus and Cardiac Surgery) trial² and subsequently rejected by NOBLE (Nordic-Baltic-British Left Main Revascularization) and EXCEL (Evaluation of XIENCE versus Coronary Artery Bypass Surgery for Effectiveness of Left Main Revascularization).^{3,4} It is time for the cardiovascular community to leave the old habits and start treating the patients on the basis of the most recent evidence.

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