

Commentary on the Consensus on Intravascular Imaging in Coronary Angioplasty

Comentario sobre Consenso de imágenes intravasculares en la Angioplastia Coronaria

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The *Consensus on the use of intravascular imaging methods (IVUS and OCT) in percutaneous coronary interventions*, published in this issue, is one of the most relevant documents by the Argentine College of Interventional Cardiologists (CACI) in recent years.

It comes at a particularly important time for our specialty. Accumulated scientific evidence has consistently shown that the use of intravascular imaging improves procedural planning, optimizes stent implantation, reduces stent thrombosis and restenosis, and helps improve clinical outcomes for our patients. However, there is still a significant gap between available evidence and everyday clinical practice.

Among the most noteworthy aspects of this document are the comprehensive update of available evidence through 2026, a precise definition of the clinical scenarios in which intravascular imaging provides the greatest benefit, the standardization of stent implantation optimization criteria, the characterization of stent failure mechanisms, and the incorporation of practical algorithms to guide decision-making during percutaneous coronary intervention. **The recognition of intravascular imaging as a tool with a Class I recommendation and Level A evidence for the optimization of complex lesions and left main coronary artery lesions is also particularly relevant, since it solidifies concepts that constitute the current standard of excellence in interventional cardiology.**

The consensus also addresses a reality that warrants reflection. While intravascular ultrasound (IVUS) and optical coherence tomography (OCT) are available in many sites (IVUS more frequently than OCT), many operators have access to these technologies, and coverage for their use is authorized by health insurance companies, we must regret that their utilization remains below expectations. Resistance to change, historical reliance on conventional angiography, and the perception that angiographic experience alone is sufficient remain barriers that we must overcome. Contemporary evidence demonstrates that angiography alone has inherent limitations for the adequate assessment of vessel size, plaque composition, stent expansion, and failure mechanisms, all of which can now be precisely characterized through intravascular imaging. **A paradigm shift can be achieved: from angiography to image-optimized angiography.**

Intravascular imaging should no longer be considered a complementary tool reserved for exceptional cases, but rather a natural extension of modern angiography when we seek the best possible outcomes for our patients.

As a scientific community, we must take on the challenge of transforming these resources from available technologies into routinely used tools. Excellence lies not merely in having access to technology, but in incorporating it systematically whenever it adds value for the patient. In this regard, CACI, through its training program and refresher courses, can influence new generations by encouraging the incorporation of intravascular imaging into daily practice. This is a particularly important point, as the consensus emphasizes the need for continuing education.

Furthermore, we can add to our consideration the concept of procedural outcome quality. We cannot improve what we do not measure. IVUS and OCT make it possible to quantify stent expansion, apposition, and lesion coverage, thus transforming procedural assessment from a subjective appraisal into an evaluation based on objective, reproducible parameters.

I believe that the future of angioplasty will not simply involve implanting more stents, but rather implanting better stents that are better sized, better expanded, and more thoroughly optimized.

I would particularly like to highlight the extraordinary work of **Dr. Cristian Maximiliano Garmendia**, who led the preparation of this document with remarkable scientific rigor, an outstanding ability to synthesize the evidence, and profound academic vision. His efforts, together with those of a distinguished group of national experts, have made it possible to produce an outstanding and comprehensive consensus that is modern, practical, and aligned with the highest international standards.

On behalf of the *Argentinian Journal of Interventional Cardiology* (RACI), we congratulate all the authors on this valuable contribution. We are convinced that this document will become an essential reference for training new generations of interventional cardiologists and for consolidating an increasingly precise, safe, and evidence-based clinical practice.

Finally, above all else, we would like to convey the following message: **the current discussion should no longer be about whether intravascular imaging works, but rather on which patients should we be using it.**

This idea aptly captures the spirit of the consensus and the current challenge for modern interventional cardiology.

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