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We read with interest the recent article[1] on the selective use of poststent dilation for carotid atherosclerosis. It confirms our published findings that the omission of routine poststent balloon angioplasty does not affect the angiographic and clinical outcomes in most patients undergoing carotid stent placement procedures.[2] We find it surprising that the authors have omitted from this recent review our series of 181 patients, in which both routine pre- and poststenting balloon angioplasties were not routinely performed and were only used selectively when required.[3] We found that CT angiographic plaque morphology was quite accurate in predicting which patients would require balloon angioplasty to achieve a satisfactory angiographic outcome. Our approach, which we have termed "primary carotid stent" placement, results in less hemodynamic instability than standard techniques[4] and has a similarly low incidence of periprocedural complications. We believe that our data would have been a useful addition to this meta-analysis.

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