



Percutaneous Coronary Intervention: Clinical Updates and Perspectives

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Message from the Guest Editor

It has been more than 40 years since the first percutaneous coronary angioplasty (PCI) was performed. Since then, significant advances in the field of interventional cardiology have been accomplished. In contemporary clinical practice, radial artery is considered the safest site for access, substituting the femoral artery as the by-default option for gaining access. Intracoronary imaging (intravascular ultrasound and optical coherence tomography)-guided PCI has been associated with better outcomes compared to conventional PCI. New cutting-edge devices have been added to the armamentarium of the interventional cardiologist, facilitating PCI and improving its results. Intravascular lithotripsy is a safe and effective option for the preparation of severely calcified lesions. New-generation stent platforms have reduced the rates of in-stent restenosis, and they have overcome first-generation drug-eluting stents' Achilles hill, namely stent thrombosis, while drug-eluting balloons aspire to overcome stent-related complications by leaving no material in the patient's coronary artery tree.





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