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Commentary: The kintsugi philosophy: Embrace the imperfection of pulmonary stenosis

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Kintsugi philosophy espouses assessing broken objects carefully before considering them useless. Kotani and colleagues¹ investigate the usefulness of treating pulmonary artery coarctation (PACoA) at the time of palliative procedure in terms of ability to reach the complete repair, pulmonary artery growth, and the recurrence of PA plasty. PACoA is a well-known condition in which the ductal tissue causes a narrowing of the PA and therefore may jeopardize PA growth or the possibility of a complete repair.² We all look to find the perfect PA plasty technique or patch material in our daily practice. Still, the reality is that reinterventions for recurrent PA stenosis are common,^{3,4} making the decision to treat PACoA extremely challenging.

Kotani and colleagues¹ compare patients without PACoA to patients with PACoA, and within this latter group, those in whom a PA plasty was performed are compared with patients who were not treated. Indication to PA plasty in PACoA was a discrete narrowing of the PA with a diameter <2 mm on echocardiogram. Patients with PACoA, treated or not, have the same rate of definitive repair compared with patients without PACoA. At the same time, in the PACoA group, the PA plasty did not show any benefit in terms of catch-up growth or reduction of reinterventions. Should we rethink surgical timing for PA plasty? Should we postpone treatment so we may adopt a hybrid strategy,

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CENTRAL MESSAGE

Pulmonary artery plasty for PA-CoA at initial palliation is not gold dust that restores a broken pulmonary artery. But it is the only glue we have knowing that we may not always donate beauty.

considering that intraoperative PA stenting seems to offer some advantages in terms of duration of surgery?⁵ What are the criteria and dimensions below which a PACoA is indicated at the initial palliation?

All of these questions remained unanswered, partially limiting the clinical influence of this well-designed study. We may compare PACoA with a broken vessel, but whether or not PA plasty is the gold dust that restores PA beauty until the definitive repair remains an unanswered question. When to treat the PACoA remains at the surgeon's discretion, knowing that whatever we do, we leave a gold dust scar that may not always donate beauty.

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