

**Editorial****PTCA : Where does it fit in our scheme of things today?**

*The first PTCA was performed in Pakistan by this writer a decade ago, only five years after the first PTCA in the world was performed by Gruntzig. Since then, there has been an explosion in the number of PTCA's being performed all over the world in particular in the USA. In Pakistan, PTCA's are being performed in small numbers, hardly making a meaningful contribution to our efforts to contain the rising tide of coronary heart disease. Why are we lagging behind in this area? The reasons are many.*

*If we look at the PTCA scene we see that despite being around for almost a decade and half, its place in multivessel disease and complex situations is still evolving. The hardware cost has gone up, not down. The expertise required has become more demanding and complex. The bail out techniques more expensive and restricted. So, while the classical, simple, uncomplicated, proximal, single vessel PTCA's became standardized many years ago, these remain far few in number. The present and foreseeable future for PTCA is far more complex and expensive and of as yet unproven but still promising efficacy and still evolving.*

*In Pakistan financial constraints top the list of our problems. Also, by the time we budget and obtain one type of hardware, it has been replaced by improved equipment. The cost of multivessel PTCA approaches that of Coronary Bypass Surgery. So, the financial, equipment and expertise constraints have kept us tied to classical indications and "culprit" vessel PTCA. However, this has served us well and been totally safe so far, at least in this writer's experience.*

*So, where does PTCA stand in our scheme of things today? Well, it is being offered and done with success and safety but mainly in single vessel and "culprit" vessel PTCA. Multivessel PTCA is done but in limited and special situations. The expertise is limited to only two centers in the country and to a few hands only. With the restenosis issue still looming large particularly in multivessel PTCA's, this slow start may not be such a bad thing after all!*

*PTCA has created a small but important niche for itself in our present scheme of managing the rising tide of ischemic heart disease.*

**Azhar Faruqui**  
**Editor.**