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### Authors reply

Dear Editor,

We thank the authors for their interest in our article entitled “The relationship between visible thrombus aspiration material with no-reflow and in-hospital mortality ratio in patients with anterior ST-elevation myocardial infarction treated with primary percutaneous coronary intervention,” published in the *Archives of the Turkish Society of Cardiology*.<sup>[1]</sup> As we noted in the discussion section, “the lower in-hospital mortality of patients with VTA [visible thrombus aspiration] in our study may also be associated with a shorter door-to-balloon time, lower Killip class, and better TIMI [Thrombolysis in Myocardial Infarction] flow after TA [thrombus aspiration].” Delayed door-balloon time can be a reason for a higher Killip classification in patients without VTA, and these decompensated patients, naturally, cannot undergo revascularization during ST elevation myocardial infarction. Our study population consisted of solely anterior myocardial infarction patients, and our results differed from the mentioned clinical trials (TOTAL, etc.).<sup>[2,3]</sup> An anterior location might provide additional engagement and back-up support for the guiding catheter to the ostial location of the coronary artery, and thromboemboli/stroke risk might be reduced during retrieval of the aspiration catheter. Thus, the stroke risk might be lower than in right coronary interventions. We did not see any case of stroke in our study population. Finally, clinical trials have suggested that

features of the higher thrombus burden of the right coronary artery lesions might trigger increased stroke risk.

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