

# Commentary: Apples to Oranges: An Individualized Approach to Aortoiliac Occlusion Disease Requires Careful Comparison

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## ARTICLE INFO

Received May 4, 2023

Accepted May 4, 2023

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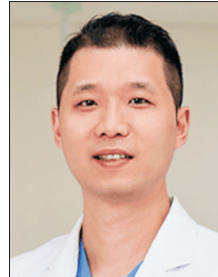
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Aortoiliac obstructive disease (AIOD) has been treated with aorto-femoral or aorto-iliac bypass grafts, with satisfactory 5- and 10-year primary patency rates of 85%–90% and 75%–85%, respectively [1,2]. Although endovascular treatment has been widely established as the first-line treatment for localized AIOD, its effectiveness for Transatlantic Inter-Society Consensus II C and D lesions, which are extensive and complex forms of AIOD, remains a matter of debate [3]. Endovascular treatment is likely to be superior in terms of recovery compared to aorto-biiliac or aorto-bifemoral bypass after laparotomy and compared to axillofemoral bypass; however, both long-term and short-term outcomes are important, and furthermore, it is essential to compare outcomes in equivalent patient populations.

Antonello et al. [4] reported that in similar low-risk patients, endovascular treatment had equivalent results in terms of long-term patency, short-term outcomes, and length of hospitalization, with a significant benefit. However, Lee et al. [5], in their article published in the current issue of *Journal of Chest Surgery*, did not compare results between 2 equivalent groups and instead reported results in 2 different groups. Endovascular treatment was performed in elderly patients; moreover, the preoperative femoropopliteal status between the 2 groups was not clearly comparable.

As it advances, endovascular treatment will become more important and the field will expand; however, careful comparisons will be important for studies to help select an individualized approach. We expect the authors to publish results for equivalent groups in the future.

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### Author contributions

All the work was done by Tae-Hoon Kim and Suk-Won Song.

### Conflict of interest

No potential conflict of interest relevant to this article was reported.

## Funding

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

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