KlarMedicin
European second medical opinion

Second opinion report
Expert medical opinion

Report no. (sample): **KM-2026-00000**
Issue date: **— (example)**
Specialty: **Cardiology**
Report language: **English**
Specialist: **Dr. Hanz Gunter, consultant cardiologist**
Centre / country: **University clinic, EU**
Patient: **A.B. — anonymised data**
Age / sex: **58 / male**

1. CLINICAL QUESTION

The patient was recommended coronary angioplasty with stent placement. They request a second opinion on **whether the procedure is necessary now** or whether optimised medical therapy is a reasonable alternative.

2. DOCUMENTS REVIEWED

- Coronary angiography — report and images
- Transthoracic echocardiography
- Resting electrocardiogram (ECG)
- Laboratory tests (lipid profile, troponin, complete blood count)
- Referral letter from the treating cardiologist

3. CASE SUMMARY

A 58-year-old man with known hypertension and dyslipidaemia, presenting stable exertional angina (CCS class II). Coronary angiography shows approximately 70% stenosis of the mid left anterior descending artery (LAD), with preserved left ventricular systolic function (ejection fraction 55%). Other coronary arteries without significant lesions.

4. SPECIALIST ASSESSMENT

In stable angina with a single intermediate-to-severe lesion and preserved ventricular function, European (ESC) guidelines recommend **optimised medical therapy as first line**. Revascularisation (stenting) provides clear benefit mainly when symptoms persist despite optimal therapy or when there is **functionally demonstrated significant ischaemia**.

A stenosis estimated at 70% on angiography lies in a "grey zone", where the visual appearance does not reliably predict its functional significance. A **functional assessment** (FFR/iFR during angiography) or a non-invasive ischaemia test would clarify whether stenting is truly indicated now.

5. RECOMMENDATIONS

- Optimise medical therapy: high-intensity statin, antiplatelet agent, anti-anginal therapy (beta-blocker ± additional agent) and strict blood-pressure control.
- Functional assessment of the LAD stenosis (FFR/iFR) or a non-invasive ischaemia test **before** deciding on stenting.
- Clinical re-evaluation at 6–8 weeks: if angina persists under optimal therapy or significant ischaemia is present, revascularisation becomes justified.
- Lifestyle measures: smoking cessation, cardio-protective diet, adapted physical activity.

6. CONCLUSION

Immediate stenting does not appear mandatory based on the available data; a functional assessment would clarify its necessity. The final decision rests with the patient, together with the treating physician, depending on symptom course and the functional assessment result.

Disclaimer. This is a **sample document** for illustration only. The case and patient are fictional, and the content is not medical advice for any real person. KlarMedicin's services provide a second medical opinion for informational purposes and do not replace consultation with, or the relationship to, your treating physician. They are not intended for emergencies — in an emergency, call 112.

Dr. Hanz Gunter
Consultant cardiologist · EU