



Ottava Giornata della Ricerca della Svizzera Italiana

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Modulo per la sottomissione abstract di ricerca CLINICA

Titolo (massimo **15 parole**)

Eighteen years of BIMA grafts in CABG surgery: CardioCentro Ticino experience.

Autori (cognome e iniziali, es: Grassi L.)

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Testo (massimo **250 parole**, preferibilmente in italiano (accettato anche in inglese), suddiviso in Introduzione, **Metodi, Risultati, Conclusioni e Finanziamento**)

INTRODUCTION: During the last decades, several clinical studies have shown a long-term survival benefit from multiple arterial grafts use during coronary artery bypass grafting (CABG), especially in diabetic patients. Despite this evidence, at the time being only 10% of patients eligible for CABG receive a second arterial graft in the USA, 12% in Europe and 32% in Australia. We retrospectively reviewed and analysed the surgical outcome of CABG operations performed with bilateral internal mammary artery (BIMA) grafts in our centre during the last eighteen years.

METHODS: Between January 2001 and December 2017, 640 selected patients (out of 4368 CABG performed – 15%) received BIMA grafts. In all patients the mammary arteries were harvested in a skeletonized fashion and were preferentially employed to revascularize the left coronary system. Univariate analysis was performed by Student's T-test.

RESULTS: Mean age was 60.7±10 years, 43.1% of patients were in CCS class ≥3 and the mean number of diseased vessels was 2.8±0.4. Mean ejection fraction was 57.6±9.2%. Hundred thirty patients (20.3%) were diabetics (14 treated with insulin) and 27 (5%) cases required a combined procedure. Mean grafts per patient was 3.4. Mean pulmonary bypass time and aortic cross-clamp time were 69.7±45.5 and 44.2±30.3 min, respectively. Hospital mortality was 0.3% (2 pts). Sternal wound dehiscence rate was 7% (45 pts.). Among them, there were 39 superficial dehiscences and 6 (1.1%) deep sternal wound infections. Wound cultures were positive in 22% of them. Thirty out of 45 wound dehiscences were treated by means of a vacuum system. Univariate analysis did not revealed significant correlations between sternal wound dehiscence/infection and preoperative clinical conditions except for the presence of previous percutaneous coronary intervention (p 0.05), associate surgical procedures (p 0.07) and peripheral vascular disease (p 0.09).

CONCLUSIONS: In our retrospective analysis of clinical outcomes after BIMA use in selected patients, we did not observe an increased risk of sternal wound infection compared to standard CABG patients treated with single IMA. These results are encouraging for extending the indication for BIMA use.

FINANCING: No founding.

Visto superiore (prego indicare Nome e Cognome del superiore)

Stefanos Demertzis

Criteria per sottomissione Abstract:
NO Case report
NO Abstract senza nessun risultato
VISTO da un superiore

Invio Abstract

