

# Accepted Manuscript

Bilateral Internal Thoracic Artery Use in Dialysis Patients

Giuseppe Gatti, MD

PII: S0003-4975(18)30070-5

DOI: [10.1016/j.athoracsur.2017.12.041](https://doi.org/10.1016/j.athoracsur.2017.12.041)

Reference: ATS 31299

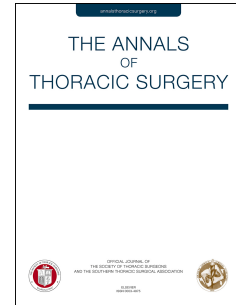
To appear in: *The Annals of Thoracic Surgery*

Received Date: 14 December 2017

Accepted Date: 31 December 2017

Please cite this article as: Gatti G, Bilateral Internal Thoracic Artery Use in Dialysis Patients, *The Annals of Thoracic Surgery* (2018), doi: 10.1016/j.athoracsur.2017.12.041.

This is a PDF file of an unedited manuscript that has been accepted for publication. As a service to our customers we are providing this early version of the manuscript. The manuscript will undergo copyediting, typesetting, and review of the resulting proof before it is published in its final form. Please note that during the production process errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.



**Bilateral Internal Thoracic Artery Use in Dialysis Patients**

*To the Editor:*

In the study by Nakahara and colleagues [1], outcomes of 161 hemodialysis patients undergoing isolated coronary surgery using bilateral (BITA, n=67) or single internal thoracic artery grafting (SITA, n=94) were reviewed. Propensity score (PS) matching was used to compare 59 BITA/SITA pairs. BITA and SITA grafting showed equivalent 30-day mortality (1.7% vs. 0, p=1), incidence of deep sternal wound infection (5.1% vs. 1.7%, p=0.62), stroke (3.4% vs. 3.4%, p=1) and respiratory failure (8.5% vs. 11.9%, p=0.75). There were no statistically significant differences in survival, freedom from cardiac death and cardiac events. The authors' conclusion was that BITA grafting did not increase perioperative morbidity/mortality of hemodialysis patients, though it showed no advantages in mid-term outcome. Nakahara and colleagues should be congratulated for these excellent results obtained in a challenging subset of patients. The study seems to encourage use of BITA grafting.

A similar analysis has been recently performed by us on 105 coronary surgery patients on chronic dialysis from three centers (Besançon, Paris and Trieste) with extensive experience in BITA use (~6,000 operations) [2]. In the two French centers, BITA grafting is being performed on almost all cases. In the Italian center, the rate of BITA use has increased from ~60% in 1999 up to over 95% in the last years. There were 19 (18.1%) in-hospital deaths, 12 (11.4%) deep sternal wound infections, 3 (2.9%) strokes, and 22 (21%) cases of prolonged invasive ventilation. Despite differences in baseline patient characteristics and surgical features, in each centre, hospital mortality was greater than the 75th percentile of expected operative risk (by EuroSCORE II). There was no difference in late survival between 12 BITA/SITA pairs of PS-matched patients (Trieste).

No mid-term survival benefits were derived from BITA use according to both studies. However, while there were no significant differences in morbidity/mortality post-surgery between BITA and SITA patients according to the first study [1], according to our experience immediate outcomes following BITA grafting were worse than those expected [2]. We wonder whether this discrepancy may be due to the different rate of BITA use in the two studies. In the Nakahara's

Download English Version:

<https://daneshyari.com/en/article/8652495>

Download Persian Version:

<https://daneshyari.com/article/8652495>

[Daneshyari.com](https://daneshyari.com)