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Multiple arterial grafts in coronary artery bypass grafting, Sohag University Hospital's initial experience.

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Abstract:

Introduction:

Left internal mammary artery (LIMA) grafting to the left anterior descending artery (LAD) is the most crucial step in any surgical coronary revascularization. It has been proved that using LIMA during coronary artery bypass grafting (CABG) resulted in better long term results in comparison to other conduits. With accumulation of data about failure and lower patency rates of vein grafts, the concept of total arterial revascularization (TAR) and multiple arterial revascularization (MAR) has developed to offer more physiological and durable conduits for CABG patients.

Patients and methods:

This study was conducted in the Department of Cardiothoracic Surgery, Sohag University Hospital, Egypt, between January 2012 and January 2017. 104 patients who underwent CABG during the initial experience were involved. They were divided into 2 groups, group A (MAR) 46 patients, and Group B (Conventional CABG) 58 patients. Demographic data, preoperative risk factors, operative and post operative details were compared.

Results:

With almost comparable preoperative demographic distribution and risk factors, results were comparable regarding post operative MI, incidence of deep sternal wound infection, number of distal anastomoses, postoperative bleeding, and the need for blood transfusion. Cross clamp time and total bypass time were slightly longer in group A than in group B with statistically significant difference.

Conclusion:

Using multiple arterial grafts did not add a significant risk or time to the classic CABG. With accumulating evidence about better patency rate in arterial grafts, MAR is recommended especially in younger patients undergoing CABG.

Keywords:	CABG,	arterial,	mammary,	conduit,	BIMA
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