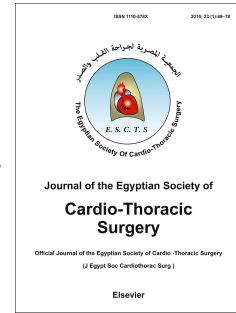


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Is Bilateral Internal Thoracic Artery Grafting in Poorly Controlled Diabetic Obese Patients a Contraindication?

A single center pilot study

Riyad Tarazi^a, Amir Mohamed^{a,b}, Mohamed Badawy^{a,c}, Jean Tasrini^a,
Adel Maher^{a,d}, Tarek Soliman^a.

a Cardiac Surgery Department, Al-Dabbous Cardiac Center, Ministry of Health, Kuwait.

b Cardiothoracic Surgery Department, Faculty of medicine, Alexandria University, Egypt.

c Cardiothoracic Surgery Department, Faculty of medicine, Ain Shams University, Egypt.

d Cardiothoracic Surgery Department, Faculty of medicine, Aswan University, Egypt.

Abstract

Introduction: In spite of substantial evidence supporting a long-term survival benefit with bilateral internal mammary artery (BIMA) grafts in CABG, this technique remains grossly underutilized worldwide. The incidence of deep sternal wound infection (DSWI) following bilateral internal mammary artery harvest ranges from 0.6 % to 4.2 %. The high incidence of obesity and diabetes among Kuwait population encouraged us to study the incidence of DSWI among our patients with BIMA. *Patients:* 101 patients who underwent CABG procedure with BIMA use in Al-Dabbous Cardiac center, Al-Adan Hospital, Kuwait. Between June 2014 and December 2016, have been included and analyzed retrospectively. *Results:* 92 patients included in our study are males (91.1%), 9 females (8.9%). 86 patients with HbA1c > 7% (85.2%). 20 patients (19.8%) with BMI > 30. 12 patients (11.9%) with BMI > 30 and HbA1c > 7. DSWI occurred in 3 patients (3%), the multi-variable analysis, showed a significant correlation with female gender and the occurrence of DSWI (p value = 0.001) as well as a combination of BMI > 30 and level of HbA1c > 7 (p value = 0.037). Age, HbA1c >7 with BMI < 30 and BMI > 30 with HbA1c < 7, failed to show any statistically significant increase in the incidence of DSWI in our study group. *Conclusion:* DSWI in our group showed an incidence of less than 3%. Female gender is the most significant factor in our study that associated with a higher incidence of DSWI. Based on our results, BIMA grafting in poorly controlled diabetic obese patients especially of female gender shouldn't be used to avoid a higher incidence of DSWI among CABG patients. (I made it more concised as suggested by reviewer 2)

Introduction (more concised as reviewer 3)

In spite of the major development in percutaneous coronary intervention (PCI), coronary artery bypass graft (CABG) surgery remains the best optimal treatment, for severe multi-vessels ischemic heart disease.¹

In 1986, Cleveland Clinic reported² that a single internal mammary artery (SIMA) rather than vein graft to the left anterior descending (LAD) coronary artery (anatomically, improved 10-year survival and freedom from recurrent angina, myocardial infarction, and the need for repeat

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