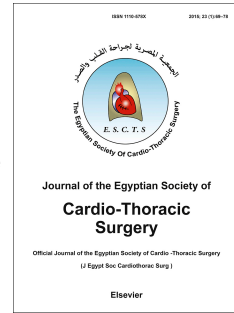


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Alaa Omar, Kareem Mahmoud, Abdallah Nosair, Mahmoud El-Degwy, Mohamed Abdel-Raouf Khalil



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Can Complexity Of Coronary Lesions And Presence Of Poor Targets Jeopardize Outcome In Patients With Poor Systolic Function Undergoing Coronary Artery Bypass Grafting?

Alaa omar,MD* , kareem mahmoud,MD**,Abdallah nosair,MD*,Mahmoud El-Degwy, M.B.; B.Ch, M.Sc. * and Mohamed Abdel-Raouf Khalil, MD*

*Cardiothoracic surgery department, faculty of medicine, Cairo university, Egypt.

** Cardiology department , faculty of medicine, Cairo university, Egypt.

ABSTRACT

Background: SYNTAX score is an established angiographic scoring system for risk stratification of a patient undergoing coronary revascularization. There was always a theory between cardiac surgeons and interventional cardiologists that a good outcome after coronary artery bypass graft (CABG) operation needs at least one out of two limbs, either good contractility or good targets. If both are jeopardized the outcome will be suboptimal with considerable risky operation. We performed that study to confirm if vessels with poor distal run-off and high complexity of lesions might affect the outcome in those critical cohorts of patients with poor left ventricular function.

AIM: We used SYNTAX score in patients with left ventricular systolic dysfunction with multi-vessel disease (MVD) and/or left main coronary artery disease that underwent CABG to predict if the complexity of lesions will affect major adverse cardiac and cerebrovascular events (MACCE) within 30 days postoperatively.

Methods: This was a prospective observational non-randomized study. The study included 100 patients with jeopardized left ventricular ejection fraction <40%. The patients were divided into three groups per SYNTAX score. Group 1: (Score <22), group 2: (Score 22–32) and group 3 (Score >32). 30 days post-operative follow-up was done. The primary end point was the composite criteria of death, myocardial infarction (MI) and stroke.

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