Discussion of: Randomized comparison of single versus double mammary coronary artery bypass grafting: 5 year outcomes of the Arterial Revascularization Trial

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Ten-Year Survival of Patients with Two-Vessel Disease, Including Those with Lesions of the Proximal Anterior Descending Artery.
Long-term survival of PCI and LITA CABG vs Mult-Arterial Grafting
Findings:

• In 3102 patients randomized to SIMA vs BIMA, no difference was detected in All Cause Mortality, or in Death, myocardial infarction or stroke at 5 years

• There was no difference in Need for Repeat Revascularization
Findings:

• There was no difference in Stroke of Quality of Life

• Sternal wound complications were 84% greater in the BIMA (3.5%) vs SIMA (1.9%) group (p=0.005)

Need for Sternal wound reconstruction was 0.6% in the SIMA group vs 1.9% in the BIMA group (>3 fold greater, p= 0.002)
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Questions:

• Why was there no improvement in 5 year outcome with BIMA vs SIMA, with the conventional wisdom that multiple arterial grafting is far superior to SIMA/SVG?

• Is the duration of follow up sufficient?

• Was there a difference between diabetic vs non-diabetic patients?

• 3-4 grafts were performed in about 80% of patients. What other conduits were used? Were other arterial grafts used?

• 14% of patients assigned bilateral mammary group received a single mammary artery only. Why was there such a high conversion rate?
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Questions:

• Do you think the results at 10 years follow up will be different that at 5 years?

• Do you think multiple arterial grafting (BIMA) is superior to SIMA CABG, considering the lack of improved survival and the increased incidence of sternal wound infection?