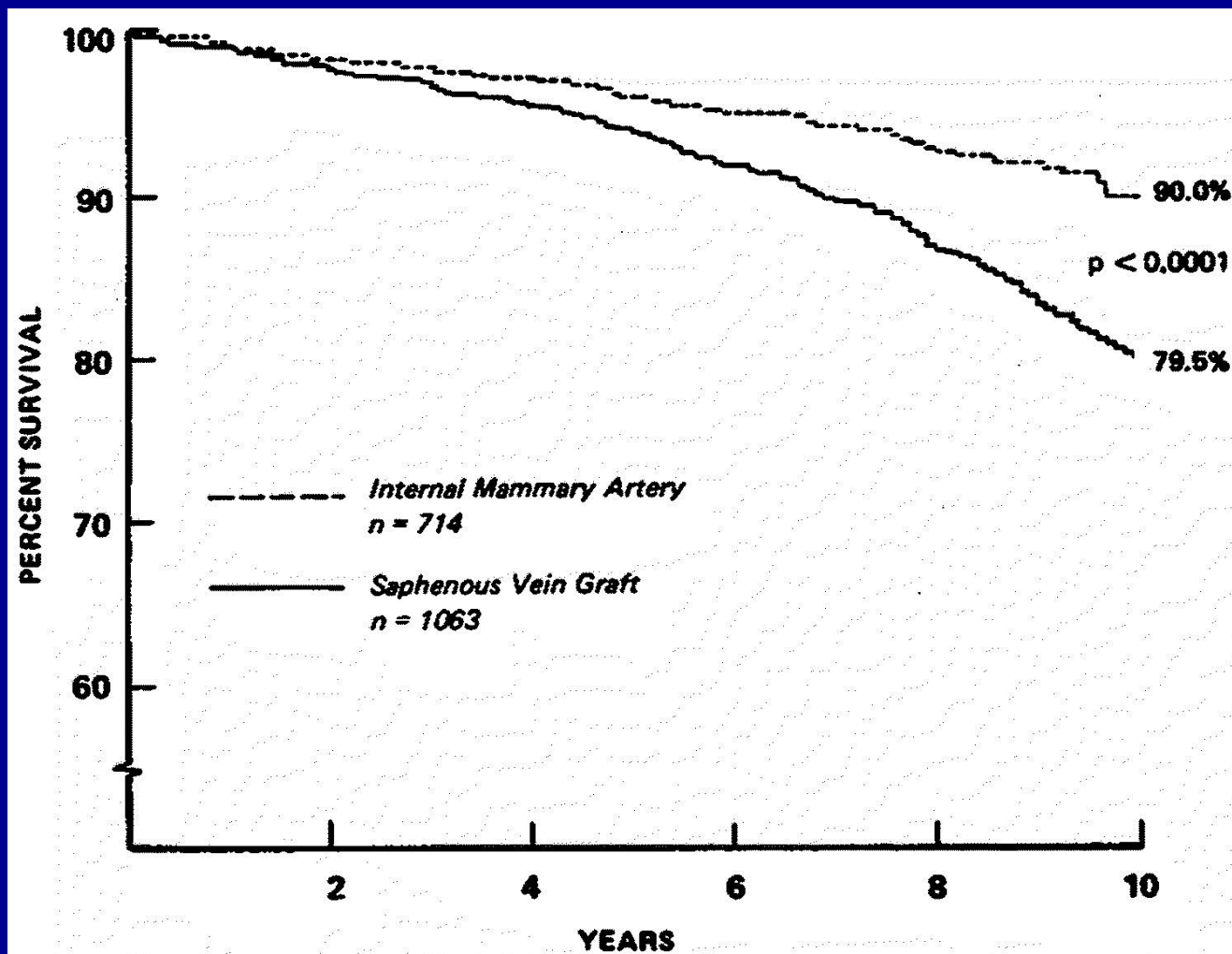


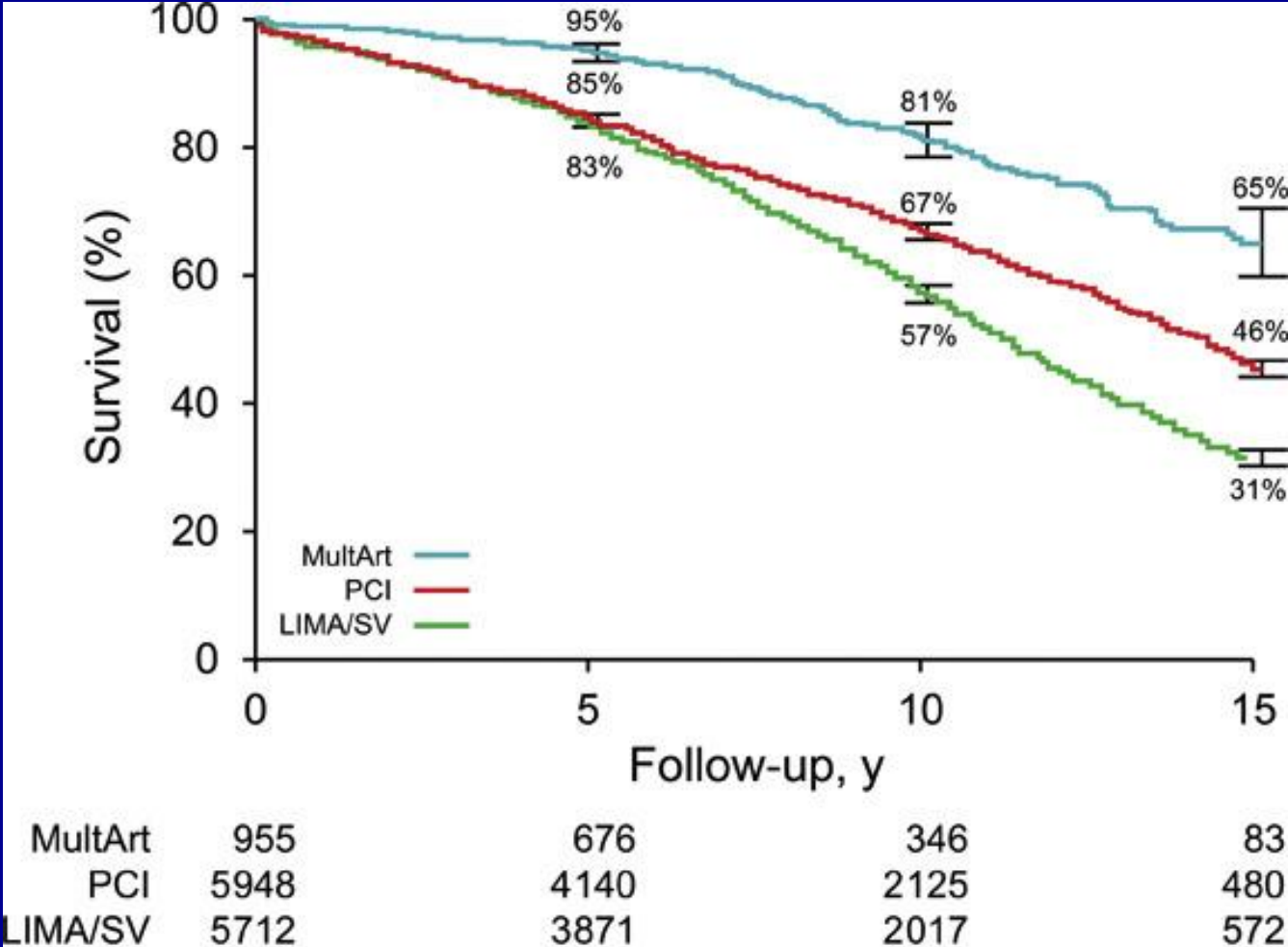
Discussion of: Randomized comparison of single versus
double mammary coronary artery bypass grafting:
5 year outcomes of the Arterial Revascularization Trial

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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



Journal of Thoracic and Cardiovascular Surgery 2016 152, 369-379.



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

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

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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?