

Left main stenosis in CAD patients – surgery or angioplasty.

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The purpose of research: To improve the quality of surgical treatment of patients with multivascular lesion of a coronary arteries, the group of patients underwent CABG operations in our institution for the period 2000 - 2005 has been analysed.

Materials and methods: For the given period in our institution was operated 150 patients with multivascular lesion of the coronary arteries, including Left coronary artery (LCA) disease. The age of our patients ranges from 39 to 79 years, mean age o 58,5 years (\pm 8,6). 89,6 % of patients underwent on-pump CABG. 8 % patients have undergone interventionale procedures. 60 % of patients had the history of IM (from 1 till 4). Aortic valve disease was observed at 2,6 % patients. At 4 patients - a diabetes type 3,5 %. RCA occlusion was observed at 48,6 % of patients. LAD occlusion - at 18,3 % of patient. Circumflex artery occlusion - at 24,3 % of patients. At the patients with RCA occlusion the average level of LCA stenosis was 46 %. At 0,8 % patient the intraaortic balon pumping have been performed as a preoperative issue.

Results: At 89,6 % patients (on-pump CABG in maximum necessary volume have been performed. All operations were carried out in conditions of thermal cardioplegy. Average cross clamping time was 41,7 minutes. Average number of grafts - 2,5. On LAD (LIMA) - 48, on CA - 28 and on RCA - 32. In 3 cases CABG was combined with DOR procedure (1989) at the reason of LV aneurysm. Hospital mortality in the group of patients with LCA disease was 0,8 %. The following correlations have been found after analyzing the patient data: Correlation between the number of IM and the number of diseased arteries ($r = 0,35$, $p < 0,05$), between age of the patients and the level of LCA stenosis ($r = 0,45$, $p < 0,05$), between preoperative EF and the level of LCA stenosis ($r = 0,29$, $P < 0,05$). Long term survival (4 years) was 98%. Freedom of ischemic events was 89%.

Conclusion: Myocardium revascularization in maximum necessary volume is operation of choice and causes good direct and long term results in CAD patients with LCA stenosis.