Total Arterial Myocardial Revascularization Among Elder Patients - 10 Years Survival Analysis

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OBJECTIVES

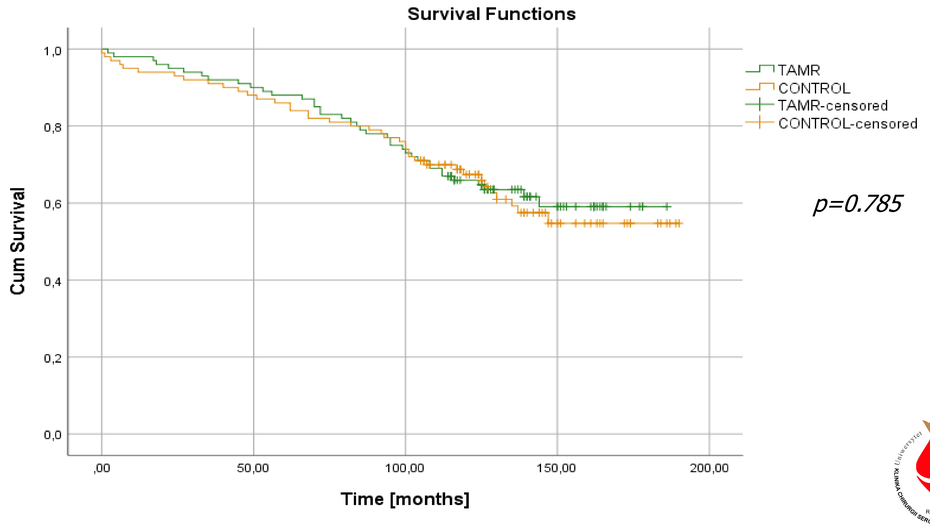
- LIMA to LAD graft has been proven to prolong survival and diminish early mortality following CABG among all patient groups, regardless of age and comorbidities
- Indications for other arterial grafts usage remains disputable
- Despite recent 10 years ART Trial results publication, there is still limited evidence in terms of long-term benefit of total arterial revascularization, especially in elder population, as the mean age of the trial patients was below 70 years old
- Presented report is the first to evaluate safety and efficacy of total arterial revascularization (TAMR) in elder patients based on the real-life register data

MATERIAL AND METHODS

- Observational real-life data study
- 200 patients aged 70 years old or older at the time of surgery were consecutively enrolled into the case-control registry (age:74.2±3 years; EuroSCORE II: 2.3±2; LVEF: 52.7±10%)
- 100 patients underwent TAMR, and 100 patients in the control group underwent conventional CABG with LIMA-LAD and venous grafts for other coronary lesions
- The groups did not differ within the baseline parameters, except from varicose veins, which were more common in the study group

RESULTS

	TAMR; n=100	CONTROL; n=100	*p*
POSTOPERATIVE ISCHEMIA	5	5	*1.000*
RE-EXPLORATION FOR BLEEDING	3	9	*0.074*
RESPIRATORY COMPLICATIONS	5	1	*0.097*
DEEP STERNAL WOUND INFECTION	4	2	*0.407*
AKI REQUIRING HEMODIALYSIS	6	4	*0.527*
TIA/STROKE	1	2	*0.561*
30-DAY MORTALITY	1	2	*0.561*



p=0.785

CONCLUSION

Total arterial revascularization is a safe surgical revascularization strategy for elder patients, however, no long-term survival benefit can be observed in this population

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