

How I Do It: MICS CABG To Treat A Malignant Course Of The Right Coronary Artery

BACKGROUND

Aortic anomalous origin of the right coronary artery (AAORCA) are extremely rare in general population. It is well established that an anomalous origin of the right coronary artery can lead to angina pectoris, myocardial infarction, or sudden death, in the absence of atherosclerosis.

METHODS

Patient under general anesthesia and PECS block, with single-lumen tube and in left lateral decubitus (30 degrees) underwent right anterior thoracotomy (inframamillary) in the 4th intercostal space. The right mammary artery was dissected using video-thoracoscopy. After systemic heparinization, the pericardium was opened and the right coronary artery was dissected into the right atrioventricular groove. Anastomosis of the

right mammary artery with the right coronary artery was performed using a shunt and a suture stabilizer (off pump). Right coronary artery ligation was performed in its most visible proximal portion.

RESULTS

He presented bleeding in the postoperative period and returned to the operating room for revision through the same access. Through videothoracoscopy, we visualized one intercostal branch bleeding, which was resolved with cauterization and application of absorbable hemostat. He returned extubated to the ICU. The drain and catheters were removed on the 2nd postoperative day. He was discharged from the hospital on the 5th postoperative day.

Please, see the video embedded

CONCLUSION

MICS CABG using the right internal mammary artery and off-pump is feasible with low surgical risk, and good results for treat this potentially lethal cardiac anomaly.

AUTHORS

Evandro C. R. Lopes(1), Cláudio A. César(1), Marco A. A. de Mello(1), Gustavo B. Perez(2), Priscila A. H. Maya(1), Diego S. da Costa(3). (1)Cardio Assist, CAMPO GRANDE - MS, Brazil, (2)Servan, CAMPO GRANDE - MS, Brazil, (3)Neurocor, CAMPO GRANDE - MS, Brazil.