We read with great interest Hirose and colleagues’ article concerning a patient with spontaneous left main coronary artery dissection due to possible cystic medial necrosis that was found in the internal mammary arteries [1]. Usually in most, if not all, of our patients the left internal mammary artery is not angiographically evaluated. Patients with spontaneous coronary artery dissection, possible connective tissue disorders (Ehlers-Danlos syndrome, pseudoxanthoma elasticum, systemic lupus erythematosus) or chronic obstructive pulmonary disease should undergo a thorough preoperative angiographic evaluation.

All of us have faced cases where the internal mammary artery was harvested and found to be diseased. This finding led to an unnecessary increase in the operative time, the need to procure an additional (saphenous) bypass conduit, and a potential compromise to the chest wall blood supply in a patient who had possibly a connective-tissue disease and might already have been at risk for wound-healing complications.

The aim of our brief comment is to highlight again the need for a careful evaluation that should include preoperative angiography of the internal mammary artery at the time of cardiac catheterization in specific cases.

Reference


doi: 10.1510/icvts.2009.210989A

Authors: Nikolaos Barbetakis, Department of Cardiothoracic Surgery, Euromedica – Geniki Kliniki, Gravias 2, Thessaloniki, Greece; Christos Lafaras, Andreas Efstathiou, Ioannis Fessatidis

eComment: Routine preoperative evaluation of the internal mammary artery as conduit for coronary patients. Is it worth?