

59. REVASCULARIZATION OF THE MYOCARDIUM WITH THE USE OF BOTH INTERNAL THORACIC ARTERIES IN THE MULTIVASCULAR DISEASES OF THE CORONARY ARTERIES

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Introduction. Internal thoracic arteries have the best permeability of the grafts used for coronary bypass grafting, with 95-98% permeability 10 years after surgery. Using bilateral internal thoracic arteries has been shown to significantly improve clinical outcomes and increase long-term survival. But the proportion of operations with the use of two internal thoracic arteries worldwide does not exceed 10% of all coronary bypass surgery.

Aim of study. Benefit analysis of using both internal thoracic arteries in myocardial revascularization.

Methods and materials. From 2013 to 25.12.2021 in our clinic was 844 cases of coronary artery bypass grafting in coronary diseases were performed in 146 (17,29%) cases were used bilateral internal thoracic arteries, 138 (94,5%) men and 8 (5,5%) women, 54 ± 7.8 years of age. Most had angina pectoris cl. III-IV, 77 (58%) and history of myocardial infarction.

Results. The thoracic arteries were assembled as T-Graft 40 (27,4%) cases and in situ 106 (72,6%). In 93 (63,6%) cases autovena was used, 7 (4,79%) cases radial artery. A. internal thoracic arteries sequentially mounted in 26 (17,8%) cases. 20 (13,9%) patients were operated of pump. Lethality 1 case, perioperative myocardial infarction 2 cases, deep sternal wound infection 3 (2.05%).

Conclusion. Coronary bypass with the use of bilateral internal thoracic arteries is a contemporary and safe method in the myocardial revascularization in coronary artery disease; being free of limb trauma and the risk of infection of the wound after harvesting the venous or arterial graft. Currently, this should be considered as a preferred operation for most patients with coronary artery disease.