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Emergency Coronary Bypass (CABG) after Primary PCI

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Background: Emergent CABG after primary PCI in acute coronary syndrome might be associated with significant morbidity and mortality.

Objectives: To evaluate the clinical characteristics, indications and outcomes of emergency CABG performed at our center

Methods: Using our database we explore all cases (N=36) who were referred for emergent CABG following primary PCI between 3.2006 and 4.2009.

Results: Mean patient age was 63 ± 12 , 83% were male and 25% had diabetes mellitus. Four pts (11%) were presented with cardiogenic shock and 26 pts (72%) had emergency CABG within 24 hour from primary PCI. Pts requiring surgery had LM and CAD in 56% of cases, while triple vessel coronary artery disease (CAD) was the indication for surgery in 44% of cases. One pts had stent fracture and failed catheter-based revascularization. 23 pts had diagnostic coronary angiography prior to the surgery while 13 pts had angioplasty in which 5 underwent balloon angioplasty or aspiration without stenting in order to restore coronary flow. Early CABG less than 24 hours confer high mortality rate (23%) and total mortality after one month was 17%.

Conclusion: The need for emergency CABG is low in the primary PCI era but when required it carries serious mortality risk.