

Influence of Diabetes on CABG Patency



Targeting Functional Status After CABG in Patients With DM

I read with great interest the recent paper by Raza et al. (1) published in the *Journal*. The striking numbers of the paper are 96% and 93% internal thoracic artery (ITA) patency at 20 years in patients with and without diabetes mellitus (DM), respectively. Yet, 22% and 18% of saphenous vein grafts were lost in 1 year in patients with and without DM, respectively. Despite similar graft patency in patients with or without DM, patients with DM displayed worse overall survival compared with patients without DM. Diminished functional recovery has been reported after coronary artery bypass grafting (CABG) in patients with DM (2). Therefore, we should pay special attention to the physical function of patients with DM after CABG. Currently, if we refer a patient to CABG for multivessel coronary artery disease, we expect the surgeon to graft all significantly diseased arteries to accomplish the desired complete revascularization. Typically, the left anterior descending artery gets the ITA graft and saphenous vein grafts are implanted for non-left anterior descending artery lesions. However, there is enormous heterogeneity in the graft patency between

ITA and saphenous vein grafts. This is thought stimulating, and despite its limitations and procedural challenges, staged or hybrid interventional approaches await to be tested in treating multivessel coronary artery disease in large randomized trials (3). An ITA obviously is needed for the diseased left anterior descending artery, but staged or hybrid percutaneous coronary intervention may lessen the trauma of CABG in patients with DM.

*Mehmet Agirbasli, MD

*Medeniyet University School of Medicine
Department of Cardiology
Goztepe Kadikoy Istanbul
Turkey

E-mail: magirbasli@gmail.com

<http://dx.doi.org/10.1016/j.jacc.2017.07.801>

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Please note: Dr. Agirbasli has reported that he has no relationships relevant to the contents of this paper to disclose.

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