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**EMERGENT SURGICAL MYOCARDIAL REVASCULARIZATION**  
**FOLLOWING PCI FAILURE**

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Intervention failure and crash in the catheterization laboratory are surgical emergency. We have experienced 28 cases (20 males and 8 females, mean age of 61.8) of emergent coronary artery bypass for unstable patients immediately after intervention failure. Preoperatively, 19 patients (71%) required support device (IABP or ECMO).

The mean number of bypass graft was  $3.0 \pm 1.1$ . Postoperative intubation time, IABP time, and ICU stay were 18.0 hours, 19.4 hours, and 3.2 days, respectively. There were 2 postoperative deaths (8.0%), 5 (18.5%) low output syndrome, 2 (7.4%) stroke, 1 (3.7%) respiratory failure, and 1 (3.7%) renal failure. At the follow-up period of  $3.1 \pm 2.0$  years, there were 3 remote death and 6 cardiac events, giving actual survival and event-free rates of 92% and 76%, respectively.

In conclusion, the outcomes of emergent surgery after intervention failure were still poor in modern era of coronary artery bypass.

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**OFF-PUMP CORONARY ARTERY BYPASS GRAFTING FOR THE**  
**PATIENTS WITH SEVERE LEFT MAIN STENOSIS**

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Surgical outcomes after off-pump bypass for patients with severe left main trunk disease (LMTD) was not previously described well. In our institutions, between 1999 and 2002, a total of 147 patients with severe LMTD (112 males and 35 females, mean age  $66.9 \pm 9.8$ , Euro Score  $4.6 \pm 3.0$ ) underwent off-pump bypass. The mean number of bypass grafts was  $3.2 \pm 1.0$  and complete revascularization was performed in 127 patients (86.4%). The left anterior descending artery was always revascularized with one of the internal mammary arteries. There were 4 incidences of intraoperative conversion from off-pump to on-pump surgery. There was 1 (0.7%) hospital death, 2 (1.4%) postoperative myocardial infarction, 1 (0.7%) stroke. At the follow-up period of  $2.1 \pm 1.0$  years, the actual 3-year survival rate was 97.0% and the event-free rate was 94.3%. Our observation supports off-pump CABG as a favorable surgical option for patients with left main disease.

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