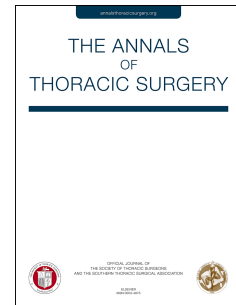


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The Importance of Heart Team in Minimally Invasive Direct Coronary Artery Bypass

Giorgio Mastroiacovo, MD, Sergio Pirola, MD, Giulio Pompilio, PhD



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Reply to the Editor:

We read with interest the comments of Dr Rathore [1], who raised some interesting issues about our article on Minimally Invasive Direct Coronary Artery Bypass Grafting (MIDCABG) strategy [2]. In this setting, the Heart Team (HT) undoubtedly should play a central role in the decision process for Percutaneous Coronary intervention (PCI) or Coronary Artery Bypass Graft (CABG). Noteworthy, the use of HT in therapeutic decision-making in patients with stable coronary artery disease is recommended in both European and American guidelines with indication class I and level of evidence C [3, 4]. Its implementation resulted in good clinical outcomes and high reproducibility [5].

In the Drug Eluting Stent (DES) era, patients with mono- or bi-vessel coronary disease with proximal Left Anterior Descending (LAD) involvement can be treated both with PCI and CABG, although with different levels of evidence in current guidelines. The level of recommendation is IC for PCI vs. IB for CABG, due to a higher incidence of repeat revascularizations in patients treated with PCI at 7 years follow-up, even after the introduction of second-generation DES [6]. Therefore, we agree with Dr Rathore [1] that MIDCABG should be considered as a viable option in hybrid revascularization context.

We also agree that Cardiac-CT can be very useful for studying LAD course and its position in relation to the ribs, since the choice of intercostal space access is crucial for performing a safe and sound LAD anastomosis.

In conclusion, diagnostic, technical and strategic improvements may increase MIDCABG likelihood of success as well as may allow to carve out for this surgical strategy a better place, as deserved, in the armamentarium of cardiac surgeons.

Giorgio Mastroiacovo, MD

Department of Clinical Sciences and Community Health, University of Milan, Italy

Sergio Pirola, MD

Giulio Pompilio, PhD

Department of Cardiac Surgery, Centro Cardiologico Monzino, IRCCS, Milan, Italy

Email: gio.mastroiacovo@hotmail.it

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